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ABSTRACT

The Motherhood Inventory (MI) is a 40-item questionnaire developed to study attitudes toward motherhood and the motherhood myth. It includes items related to the control of reproduction, abortion, adoption, single motherhood, male-female relationships, and idealized and punitive attitudes toward mothers. The MI was investigated using 301 subjects drawn largely from undergraduate and graduate students at an Eastern Catholic University and their parents. Comparisons with scores on the Spence-Helmreich Attitudes toward Women Scale (AWS) revealed that the sample was more liberal than the original AWS sample. Men held significantly more traditional attitudes toward motherhood than women. Younger subjects also agreed more with the myth of motherhood. Catholics more than non-Catholics rejected abortion and supported the primacy of the woman's role as mother. Education produced the most pronounced effect on attitudes toward motherhood, with college graduates holding more liberal attitudes. (HLM)

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**The Motherhood Inventory: A Questionnaire for
Studying Attitudes toward Motherhood**

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Abstract

Traditional attitudes toward motherhood reflect many contradictions. The Motherhood Inventory (MI), a 40 item questionnaire, has been developed to study attitudes toward motherhood and the motherhood myth. The MI includes items relating to the control of reproduction, abortion, adoption, single motherhood, male-female relationships, and idealized and punitive attitudes toward mothers. The 301 subjects in this study were drawn largely from undergraduate and graduate students at an Eastern Catholic University and their parents. Comparisons with scores on the Spence-Helmreich Attitudes toward Women Scale (AWS) revealed that the sample was more liberal than the original AWS sample. Men were found to hold significantly more traditional attitudes toward motherhood than women. Younger subjects also agreed more with the myth of motherhood. Catholics more than non-Catholics rejected abortion and supported the primacy of the woman's role as mother. Education produced the most pronounced effect on attitudes toward motherhood with more liberal attitudes held by those who were college graduates. The sample is being extended to further develop the MI scale.

**The Motherhood Inventory: A Questionnaire for
Studying Attitudes toward Motherhood**

Rachel T. Hare-Mustin and Patricia C. Broderick

Although recent research has focused on attitudes toward women in their more liberated roles (Blanchard, Becker, & Bristow, 1976; Spence & Helmreich, 1972), there has yet to be a major study of attitudes toward motherhood, that state intimately associated with women. It would seem that on the path toward liberation, the traditional concepts of women as mothers may be the last to be relinquished. The fact that attitudes toward motherhood, that most sacrosanct and idealized of women's roles, may not have kept pace with attitude changes toward women's other roles reflects the conflicting ideas which have been part of the myth of motherhood.

Society is now beginning to promote the rights of women to receive equal pay for their work, but this right somehow does not apply to the housewife and mother. Her "right" is to have children and to stay at home to raise them (Russo, 1976); she is responsible for how they turn out (Abramowitz, 1977; Hare-Mustin, 1978). Although women may work, the common view is that their jobs should be subservient to their principle child bearing/rearing function. It is not surprising that the vast majority of American working women (70%) are in fields that conflict least with this essential role, viz. teaching, nursing, social services, and secretarial work (Tangri, 1972). The privilege of having children continues to be viewed traditionally as completely fulfilling despite a few realistic appraisals of the hard work and problems involved in mothering (Bernard, 1974; Minturn & Lambert, 1964; Rollin, 1970).

A review of recent literature on motherhood reveals the wealth of contradictory attitudes toward that state. For example, Blumenthal (1975), in arguing that the duties and burdens of motherhood have been stressed over its pleasures, claims that having a child gives a girl (sic) emotional security, that men are attracted to women because of their maternal capacity, that "sex was never meant to be enjoyed independently of the price humans were expected to pay for it" (p. 107). Rich (1976) points out that the idea of the mother is associated first with power, and only secondarily with warmth, that motherhood is so idealized that all mothers are more or less guilty of having failed their children, that a woman's love for her children comes before her love for her mate. Lott (1973) observes that our culture holds childbearing and childrearing in low esteem. In Lidz's (1968) view, the sense of fulfillment for a wife comes only with the creation of a new life. McBride (1973) challenges the myth of motherhood, pointing out that motherhood represents man's projection of an ideal, a set of behaviors and hopes that no flesh and blood woman could ever meet.

Only a powerful myth could encompass as many conflicting ideals as the myth of motherhood does. The issue of the good mother versus the bad mother undoubtedly influences policy and practices related to procreation, breast feeding, abortion, adoption, child care, and the employment of women outside the home. One obvious disparity is that society's ideali-

zation of motherhood has not been extended to unwed mothers and mothers who abort or give their children up for adoption. The woman who chooses an abortion is considered a bad mother because she rejects her child. But the mother who gives a child for adoption may also be considered rejecting. In adoption, the natural mother is often looked upon as promiscuous; subsequent attitudes toward the adopted child may be powerfully influenced by the suspicion that the child comes from "bad seed" (Toussieng, 1962). It appears that it is not motherhood that is idealized but only motherhood under patriarchy, that is, within the socially acceptable confines of marriage (Rich, 1976).

How widely is the myth of motherhood held? What are its various aspects? Recent research on the psychology of women has examined attitudes toward women and their roles (Spence & Helmreich, 1972), but has not examined in detail attitudes toward motherhood itself. The present study reports the initial development of the Motherhood Inventory (MI) and the relation of liberal and traditional attitudes toward women to attitudes toward motherhood.

Method

Subjects

The 301 subjects included 177 females and 124 males, undergraduate and graduate students at an Eastern Catholic University and their parents. Ages ranged from 17 to 69 with a mean of 29 ($SD = 12.28$). Religious preferences indicated 66% Catholic, 14% Protestant, 9% Jewish, 7% no religion, and 3% other. Forty percent of the subjects were married. Thirty-one percent had children. Of those with children, the mean number was 3.7 children which probably reflects the high proportion of Catholics in the sample. Age and sex were not significantly associated but age and religion were with the younger group more likely to be Catholic ($r = .30$). The Catholic group tended to have less education ($r = .42$) which could be a function of their being younger, since age and education were highly associated ($r = .68$). Married subjects tended to be older ($r = .76$), to have more education ($r = .45$), and to be Catholic ($r = .27$).

Instruments

A short (25-item) version of the Spence-Helmreich Attitudes toward Women Scale (AWS) was used to assess the degree to which the subjects held traditional or liberal views toward women (Spence, Helmreich, & Stapp, 1973). This short form has been found to correlate at .95 or above with the full (55-item) version (Spence & Helmreich, 1972) for groups of male and female students and groups of their parents. The short form consists of 25 statements that describe attitudes toward the role of women in society. Subjects respond in a four point Likert style with "agree strongly," "agree mildly," "disagree mildly," and "disagree strongly." Each item is given a score from 0 to 3, with 0 representing the most traditional and 3 the most contemporary, profeminist response. Scores are summed for a total score.

The Motherhood Inventory (MI) developed by the authors consists of 40 items to which the subjects respond as above. The initial item pool was generated from sentence completions to motherhood stems and reports of research on sex roles and mothering. The final items were based on responses by 12 judges and balanced for positive and negative direction. Topics included in the MI are decisions about having children, birth control, pregnancy, delivery, breast feeding, abortion, adoption, single motherhood, sexuality, promiscuity, child rearing responsibility, and personal fulfillment. The Background Information Questionnaire included questions on age, sex, residence, religion, marital status, number of children, respondent's birth order, academic interests, and professional status.

Procedure

The subjects were given the Attitudes toward Women Scale followed by the Motherhood Inventory, and then the Background Information Questionnaire. The materials were presented as one package using the instructions for the AWS with the MI items numbered sequentially beginning with item 26.

Results

Relation of MI to AWS

The scores on the AWS ranged from 18 to 75 with a mean of 54.99 ($SD = 13.20$). This mean is higher than the 44.80 for males and 50.26 for females at the University of Texas and the 39.22 and 41.86 for their fathers and mothers, respectively (Spence, Helmreich, & Stapp, 1973). Significant differences on the AWS were found for different groups with females more liberal than males, older subjects more liberal than younger, college graduates more liberal than those with less than a college degree, non-Catholics more liberal and Catholics, and married more liberal than unmarried. (Table 1.)

Responses to 32 of the 40 items on the MI correlated significantly with the AWS score ($p < .001$). The highest correlations ($r > .50$) indicated that the AWS profeminist score was negatively related to MI items on the idealization of motherhood such as:

A woman who doesn't want children is unnatural.

A woman who is true to her basic maternal instincts would not give a child up for adoption.

The true mission of women is the welfare of men and children.

If women want to be respected, they should try to be better mothers.

The reward for a mother is knowing she has done her duty.

Men must decide how far they will let women's liberation go.

Attitudes toward Motherhood

Women's control over reproduction. Responses to many of the items on birth control on the Motherhood Inventory were quite liberal; 86% felt that birth control information and services should be made available to all women. Almost all subjects (92%) indicated that women should have the right to withhold or initiate sexual activity within marriage. A

majority (60%) did not agree that people should be guided by the teachings of religion in matters of sexual behavior. Half the subjects felt a woman had the right to have a child whether she was married or not.

Attitudes toward abortion tended to split the group. Only 13% felt that any woman who would have an abortion must be unfit to be a good mother, but half the group felt a woman should bear an unwanted child rather than have an abortion. Fifty-seven percent felt it was natural for a woman to want an abortion if there were a fetal deformity. The same proportion recognized that legal abortion was safer than childbirth; 43% did not. In response to the statement that it should be the woman's right to decide about abortion without the man's permission, 39% agreed. This is at odds with the fact that 63% agreed with the more general principle, that a woman has the right to make the decision herself about having more children.

Adoption. Subjects felt that it was more acceptable to give up an unwanted child for adoption (61%) than have an abortion (49%). Furthermore, 64% thought that giving a child for adoption in no way indicated a failure to be true to one's basic maternal instincts. About half seemed to accept single motherhood since they did not agree that an unwed mother who gives her child for adoption rather than raising it alone demonstrates true caring for her child. As for attitudes toward adopted children, 31% felt adopted children came from poor unwed girls, 21% thought they were born out of wedlock, and 15% believed they were given for adoption because something was wrong with them.

Punitive aspects of motherhood. Almost half the subjects, 45%, agreed that women who wanted babies should be expected to pay for them in extra work and sacrifice. A similar proportion, 42%, felt that women who had abortions or gave their children up for adoption would always bear a heavy burden of guilt. A third of the subjects felt that if an unmarried woman got pregnant, it was her own fault. However, only 4% felt a single woman who became pregnant should marry a man she didn't love for the sake of the child. Twenty-one percent felt that being pregnant made a woman's body unattractive. Seventeen percent felt that if a woman died from an illegal abortion it was her own fault for wanting an abortion.

Caring for men. Most of the responses relating to men tended to be contemporary. Only 21% felt that women's true mission was the welfare of men and children. Half the subjects thought that it was the love and altruism of mothers that had made men's achievements possible. Conversely, a smaller percentage, 26%, thought that by taking responsibility for supporting women men had made it easy for them. There were 18% who agreed that men must decide how far they will let women's liberation go.

Women's identity and motherhood. In general, there was a rejection of the idea that a woman's identity depended on her mothering functions. Approximately three quarters of the subjects disagreed that: the mother-child relationship is the essential human relationship, if women want to be respected they should try to be better mothers, and the true mission of women is the welfare of men and children, as mentioned above. Sixty-two percent disagreed that the reward for a mother was knowing she had done her duty.

The myth of motherhood. Attitudes toward the role of motherhood did not support the myth. Subjects overwhelmingly disagreed (88%) that the woman who did not want children was selfish or unnatural. Only 22% agreed with the idea that having a baby was totally fulfilling or that no child was unwanted for a normal woman. Half the subjects felt it was understandable that a mother might not like all her children, and 38% felt that most mothers were happiest once their children were in school. The realities of mothering were also reflected in the fact that three quarters of the group felt that motherhood was the hardest job there is. In terms of the physical aspects of motherhood, two-thirds of the sample felt that breast feeding was not acceptable in public. Clearly breast feeding is a more widely held taboo than negative attitudes toward a pregnant woman's body which were held by 21%.

A majority (59%) agreed that most working mothers could raise their children as well as mothers who did not work. There was overwhelming rejection (87%) of the idea that a woman who does not have children should fulfill her maternal nature through teaching, nursing, social work, or similar occupations.

A third of the subjects said they would not want to grow up to be like their mothers.

Differences in Attitudes by Age, Sex, Religion, Education, and Marital Status

The significance of such factors as age, sex, religion, education, and marital status was tested by use of chi square tests with the Yates correction. Reported differences are significant at $p < .001$ (1 df). No significant differences were found in responses for subjects with and without children, or on the basis of the respondent's birth order in his, or her family of origin.

Age and the motherhood myth. The younger group (age 17 - 23) was much more accepting of the motherhood myth than the older group (age 24 - 69). They were more likely to idealize the love and altruism of mothers, less likely to support a woman's right to an abortion, and more likely to see the reward for a mother as having done her duty. The older group seemed more realistic and tended to recognize that a mother might not like all her children. The older group was less likely to agree that motherhood was the hardest job there is. (See Table 2.)

Female/male attitudes. Men's responses were much more conservative than women's as represented by the fact that 35% of the men felt men must decide how far to let women's liberation go but only 5% of the women agreed. Men were more likely to feel that a woman who did not want children was unnatural and that women should be better mothers if they wanted to be respected. Men were less willing than women to allow women to control their reproduction. While a majority of the women felt that a working mother could raise her children as well as a mother who did not work, less than half the men agreed. (See Table 3.)

Religion and reproduction. Significant differences between Catholics and non-Catholics were primarily in the area of a woman's right to control her reproduction. Only a quarter of the Catholics felt a woman had the

right to decide about an abortion without the man's permission compared with two-thirds of the non-Catholics. Slightly more Catholics (30%) felt it was better to abort than bear an unwanted child. Half the Catholics agreed it was natural to want to abort in the case of a fetal deformity compared with three-quarters of the non-Catholics. More than half the Catholics thought childbirth was safer than legal abortion while only a few of the non-Catholics did.

Almost half the Catholics felt people should be guided by religion in sexual matters and invoked duty and guilt in relation to motherhood compared with less than a quarter of the non-Catholics. However, 43% of the Catholics felt every woman whether married or not had a right to have a child. Seventy percent of the non-Catholics supported that right. (See Table 4.)

Education and attitudes toward motherhood Subjects currently in college or with less than a college degree were significantly more accepting of the motherhood myth than those who had graduated from college or had some post-college education. They were more likely to see motherhood as being totally fulfilling as well as the hardest job there is. They were less likely to find it understandable that a mother might not like all her children. In contrast, college graduates were more liberal about the woman's right to control her own reproduction than those without a college degree. More educated subjects were more likely to find breast feeding acceptable and were less punitive toward women who had abortions. Only a quarter of the college graduates felt religion should guide sexual matters compared with half of those with less education. (See Table 5.)

Marital status The few significant differences that were found between married or formerly married subjects and those never married indicated that married subjects were more liberal. Two thirds of the married group felt it was understandable that a mother might not like all her children compared with a third of the unmarried group. More than half the married group thought a woman should have the right to decide on an abortion without the man's permission but only one third of the unmarried did. Fifty-eight percent of the unmarried group felt it was the love and altruism of mothers that made men's achievements possible compared with a third of the never married group.

Discussion

Responses to the MI were found to be generally liberal and indicated only slight support for the motherhood myth. Three fourths of the MI items correlated significantly with scores on the AWS.

The present study concurs with other studies using the AWS in that women were generally found to be more liberal in their attitudes than were men. More conservative attitudes among male students were also found not only at the University of Texas (Spence & Helmreich, 1972) but at the University of Washington (Lunneborg, 1974) and among students at the University of Calgary in Canada (Loo & Logan, 1974).

Most of the issues that divided men and women on the MI were concerned with power and decision-making; that is, the right to decide on an abortion, to have more children, and to work while raising children. The stereotype of the full-time housewife as a completely fulfilling role was more likely to be rejected by women than by men. A difference that did not reach the .001 level of significance, but is related, is that more males than females tended to agree with the statement that the mother-child relationship is the essential human relationship.

The expectation that younger subjects would hold more liberal attitudes toward motherhood was not supported. Older subjects were significantly more liberal, possibly because the experience of marriage and/or motherhood tempers to some extent the idealistic views which support the myth. The fact that most of the younger subjects were Catholic could also contribute to the conservatism of this age group. The younger group differed significantly from the older group in that they viewed motherhood in terms of a demanding but ultimately rewarding duty to be embraced altruistically in order to promote men's achievements.

The differences between Catholics and non-Catholics lay primarily in the area of sexuality and reproduction. Other studies have consistently shown Catholics to be more traditional on these issues than members of other religious groups (Bogen, 1974; Eagly & Anderson, 1974; Hedderson, Hodgson, Bogan, & Crowley, 1974; Richardson & Fox, 1975; Haskell, 1977). Catholic responses indicated a strong rejection of abortion and a firm acceptance of the role of women as primarily that of mother.

The greatest number of significant differences in attitudes occurred as a function of differences in levels of education. Generally, those with less education supported the "myth of motherhood" and were conservative on issues of sex and reproduction. This finding is congruent with other research that has found education to have the most pronounced effect on sex-roles attitudes overall (Mason & Bumpass, 1970). Few differences were found based on marital status. Married or formerly married subjects were more liberal than those who had never been married.

The research reported here represents the initial development of a scale to study attitudes toward motherhood, the Motherhood Inventory. The findings reported indicate that there are significant differences in the way different groups respond to various aspects of motherhood. A broader sample is currently being obtained which will provide the basis for further development of the MI as an instrument for assessing attitudes toward motherhood.

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Table 1

Mean Scores on the Attitudes toward Women Scale

<u>Group</u>	<u>n</u> ^a	<u>M</u>	<u>SD</u>	<u>t</u>
Males	116	47.52	12.69	9.17*
Females	163	60.42	10.74	
Younger (17-23)	144	51.50	11.95	4.66*
Older (24-69)	131	58.67	13.54	
Undergraduate or less	166	49.87	12.36	8.81*
College degree or post-college	115	62.37	10.66	
Catholic	189	51.86	12.69	6.19*
Non-Catholic	88	61.77	11.76	
Unmarried	173	53.11	11.76	3.27*
Married or formerly married	105	58.36	14.83	

^a Numbers vary due to some partial responses.

* $p < .001$, 2-tail

Table 2

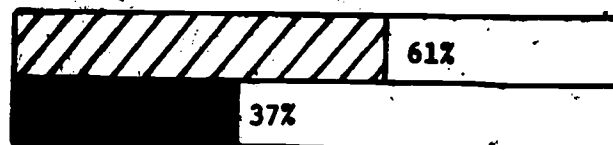
Items Showing Significant Differences in Agreement by Age*

THE MYTH OF MOTHERHOOD

Motherhood is the hardest job
there is

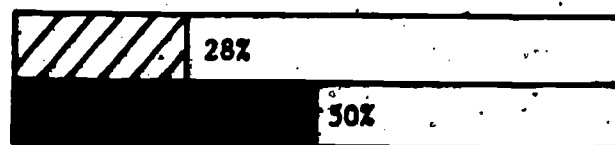


The love and altruism of mothers
makes men's achievements
possible.

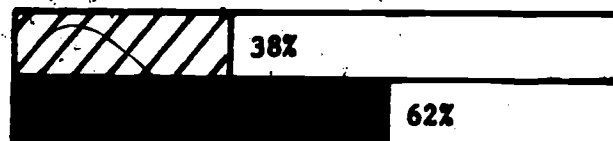


DECISIONS CONCERNING ABORTION

A woman should have the right to
abort without the man's
permission.

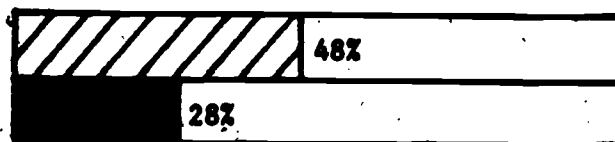


It makes sense to abort rather than
to bear an unwanted child.

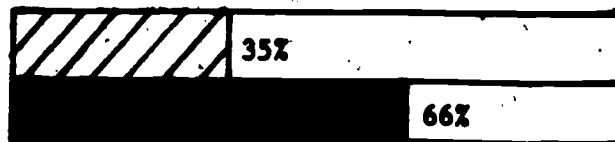


PUNITIVE ASPECTS OF THE MYTH

The reward for a mother is knowing
she has done her duty.



It is understandable that a mother
may not like all her children.



*Significant Differences: $p < .001$ (Chi square, 1 df)

Younger (Age 17-23)



Older (Age 24-69)

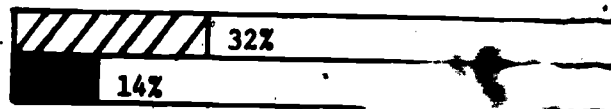


Table 3

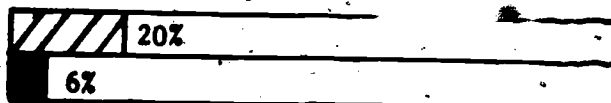
Items Showing Significant Differences in Agreement by Sex*

THE MYTH OF MOTHERHOOD

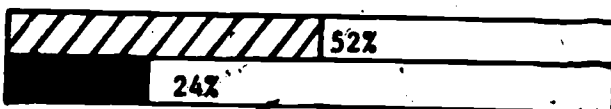
Having a baby fulfills a woman totally.



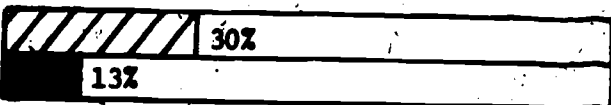
A woman who doesn't want children is unnatural.



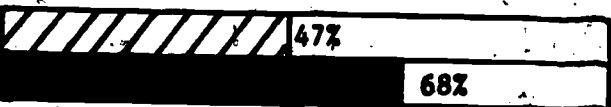
A truly maternal woman would not give up a child for adoption.



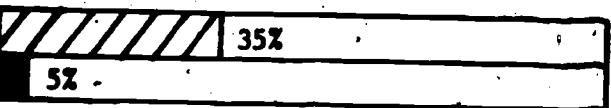
Women who want respect should be better mothers.



Working mothers can raise children as well as non-working mothers.

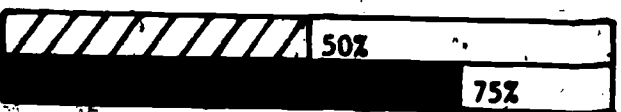


Men must decide how far women's liberation should go.



CONTROL OF REPRODUCTION

Women have the right to decide about having more children.



DECISIONS CONCERNING ABORTION

A woman should have the right to abort without the man's permission.



*Significant Differences: $p < .001$ (Chi square, 1 df)

Male



Female



Table 4

Items Showing Significant Differences in Agreement by Religion*

CONTROL OF REPRODUCTION

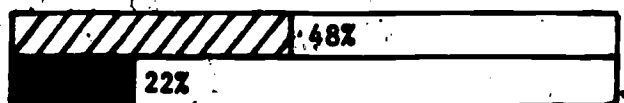
Women have the right to decide about having more children.



Every woman, married or not, has the right to have a child.

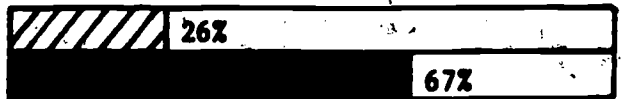


People should be guided by the church in matters of sex.

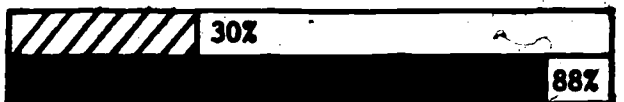


DECISIONS CONCERNING ABORTION

A woman should have the right to abort without the man's permission.



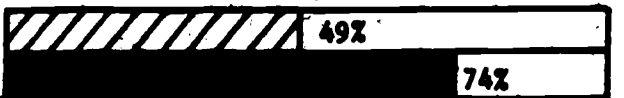
It makes sense to abort rather than to bear an unwanted child.



Childbirth is safer than legal abortion.

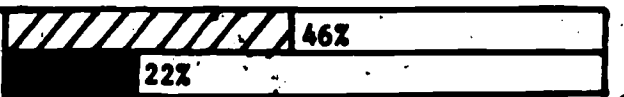


It is natural to want an abortion in the case of fetal deformity.



PUNITIVE ASPECTS OF THE MYTH

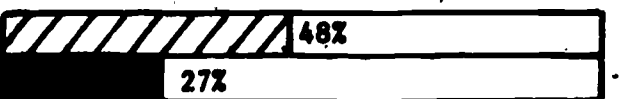
The reward for a mother is knowing she has done her duty.



It is understandable that a mother may not like all her children.



Women who abort or give up children for adoption will bear the burden of guilt.



*Significant Differences: $p < .001$ (Chi square, 1 df)

Catholic



Non-Catholic



Table 5

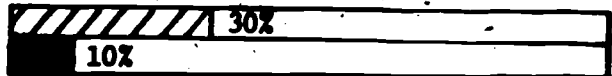
Items Showing Significant Differences in Agreement by Education *

THE MYTH OF MOTHERHOOD

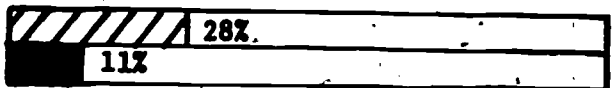
Motherhood is the hardest job there is.



Having a baby fulfills a woman totally.



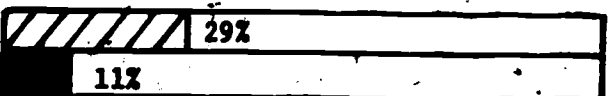
No child is unwanted for a normal woman.



The love and altruism of mothers makes men's achievements possible.



Women's true mission is the welfare of men and children.



Breastfeeding in public should be acceptable.

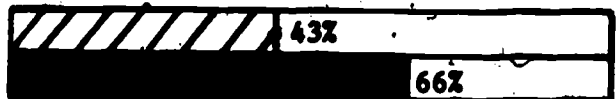


CONTROL OF REPRODUCTION

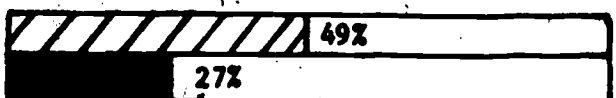
Women have the right to decide about having more children.



Every woman, married or not, has the right to have a child.



People should be guided by the church in matters of sex.

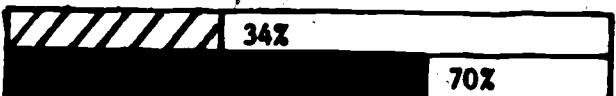


DECISIONS CONCERNING ABORTION

A woman should have the right to abort without the man's permission.



It makes sense to abort rather than to bear an unwanted child.



Childbirth is safer than legal abortion.



Less than college degree

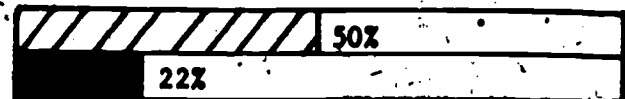


College and post graduate degree

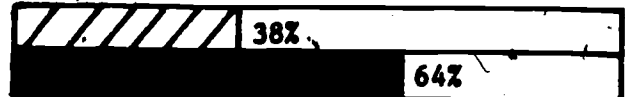


PUNITIVE ASPECTS OF THE MYTH

The reward for a mother is knowing she
has done her duty.



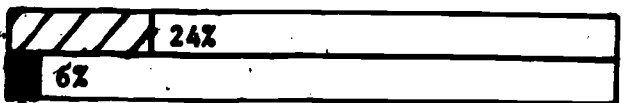
It is understandable that a mother
may not like all her children.



Women who abort or give up children
for adoption will bear the
burden of guilt.



If a woman dies from an illegal
abortion, it is her own fault.



*Significant Differences: $p < .001$ (Chi square, 1 df)

TABLE 4 (Continued)
ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

Reference	Methodology	Review of Studies
18. Galdston, R. (CD-00350)	60 abused children (mostly 6-18 months old) Hospital population	Role reversal in parents, history of unpleasant childhood experiences observed.
19. Giovannoni, J.M.; Billingsley, A. (CD-00378)	186 neglectful mothers Low income; black, white, or Spanish-speaking Interviews	Past social and familial situation of mother did not differentiate neglectful from adequate mothers. Neglectful mothers showed lower degrees of nurturance toward children and lower preference for younger, more dependent children.
20. Goldson, E.; Cadot, R.V.; Fitch, M.J.; Umlauf, H.J., Jr. (CD-01606)	114 children from neighborhood health program with diagnoses of nonaccidental trauma, failure to thrive, or both; 6 weeks to 8 years of age	25% had low birth weights as compared with only 14% of children born in the hospital during that period.
21. Gordon, R.R. (CD-01609)	Mothers in perinatal period	Factors isolated in study to determine potential child abuse factors included mental dullness, too many pregnancies too close together, late attendance for antenatal care or default.
22. Green, A.H. (CD-00396, CD-01192, CD-01614)	60 abusing mothers Control group of 30 neglectful mothers, 30 mothers of pediatric outpatients Structured interviews and review of agency records	Child abuse a dysfunction of parenting in which parent misperceives child due to his own frustrating childhood experiences. Parents relied on child for gratification of dependency needs; had impaired impulse control, poor self-concept, disturbances in identity formation.
23. Gregg, G.S.; Elmer, E. (CD-00406)	113 accidentally injured or abused children (30 abused) Observations of children and families	Abused children: developmental retardation, irritability as infants.
24. Griswold, B.B.; Billingsley, A. (CD-00407)	40 white, welfare mothers Psychological testing (MMPI, CPI, WAIS, Barron's Ego Strength Scale) Interviews	Test scores indicated psychotic tendencies among abusive mothers and significantly lower self-control. Neglectful mothers: neurotic tendencies, deficiencies in all areas of socialization, lower self-esteem.
25. Hepner, R.; Maiden, N.C. (CD-00471)	38 urban disadvantaged children with low serum Vitamin-A Pair-matched for age, race, neighborhood, sex, school, with children with normal Vitamin-A CLLS	Strong correlations found between malnutrition indicators and quality of mothering.
26. Hyman, C.A. (CD-00500, CD-01661)	Abusive families Matched control group of normal parents Psychological, intelligence, and developmental testing	Abused child scored lower on intelligence and developmental tests; abusing parents scored higher on practical intelligence than verbal intelligence; abusing mothers

TABLE 4 (Continued)
ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

Reference	Methodology	Review of Studies
26. (Continued)	(Stanford-Binet, Bayley Scales, Bene-Anthony Family Relations Test, WAIS, Cattell's 16 PF)	scored lower on capacity for character integration and maturity of personality; abusing fathers showed defective personality integration and were more introverted.
27. Justice, B.; Duncan, D.F. (CD-01688)	35 abusing parents 35 matched nonabusing parents having difficulties with their children Social Readjustment Rating Scale	Abusers report moderate life crisis in the year prior to abusive event; competed with other parent and children for the role of being cared for.
28. Kennell, J.; Jerauld, R.; Wolfe, H.; Chester, D.; Kreger, N.C. (CD-01710)	Primiparous mothers given prolonged contact with baby Control group had contact with baby consistent with normal hospital routine Structured interviews, physical examination of babies, time-lapse films of feedings	Measurable differences lasting for as long as 1 year were noted supporting theory of special attachment period shortly after birth.
29. Klaus, M.H.; Kennell, J.S. (CD-00569)	Mothers and newborn infants Observations made up to one month after discharge	Mothers denied physical contact with their infants until 20 days after delivery showed less coddling and less eye contact with the infants than a group of mothers allowed contact after 5 days.
30. Klein, M.; Stern, L. (CD-00570)	51 cases of abused children seen at a hospital	12% were low birthweight infants compared with expected rate of 7-8% in general population. Associated with abuse was a high degree of isolation and separation of infants from parents during neonatal period and high incidence of major neonatal problems, including psychomotor retardation.
31. Komisaruk, R. (CD-00579)	65 cases of child abuse referred to county court Parent interviews	High number of, parents with IQ under 75, undiagnosed mental illness, psychic traumata in their own childhood; dependent, immature, and narcissistic personalities.
32. Langshaw, W.C. (CD-00589)	29 children identified as abused	In 14 cases, history of mental illness or psychiatric treatment in adult. Immaturity, low frustration threshold, ambivalence or rejection of child, depression, rigid, compulsive, and passive dependent personalities, absence of remorse common findings. 5 children had physical or intellectual handicaps.
33. Lukianowicz, N. (CD-00632)	20 women who had attempted infanticide Case study	Mothers: product of an unhappy traumatic childhood; personality disorders and psychiatric disorders observed.

TABLE 4 (Continued)
ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

Reference	Methodology	Review of Studies
34. Lynch, M.A. (CD-01234, CD-01747)	25 abused children Compared with 35 nonabused siblings Parent interviews; review of medical records	Factors identified with abused group: childhood illness in the first year of life, illness in mother in child's first year of life.
35. Lynch, M.A.; Roberts, J. (CD-01749)	50 children referred to hospital because of actual or threatened abuse Comparison group of 50 nonabused children born at same hospital Hospital records	Abused children: evidence of emotional disturbance, admission to special baby care unit, and suggested inability of mother to care for the child.
36. Melnick, B.; Hurley, J.R. (CD-00675)	10 abusive mothers 10 controls matched for age, social class, and education Psychological tests (TAT, California Test of Personality, Family Concepts Inventory)	Abusive mothers: scored higher on TAT pathogenicity and dependency frustration, lower on TAT need to give nurturance, self-esteem, manifest rejection. Characterized by inability to empathize with children; severely frustrated dependency needs, probable history of emotional deprivation.
37. Myers, S.A. (CD-00702)	83 preadolescent victims of felonious homicide, 35 killed by mothers	Filicidal mothers: overtly psychotic. Immaturity, masculinity, and Oedipal conflicts observed.
38. Newberger, E.H.; Reed, R.B.; Daniel, J.H.; Hyde, J.N., Jr.; Kotelchuck, M. (CD-01262)	303 children admitted to inpatient services 257 children who visited emergency clinic of urban academic pediatric hospital Hospital interview with mothers of children	Data support hypothesis that differential categories of hypothesized stresses and personal and social strengths determine the occurrence of pediatric social illnesses. Child abuse associated with more extreme disparities of stress and strength.
39. O'Hearn, T.P., Jr. (CD-00741)	23 abusive fathers Control group of 23 nonabusive fathers, matched for age, income, age of children, and number of children under 5 years old	Abusive fathers were significantly less powerful, less assertive, and had significantly lower ego strength.
40. Paulson, M.J.; Abdelmonem, A.A.; Chaleff, A.; Thomason, M.L.; Liu, V.Y. (CD-00779)	15 males and 18 females, known abusers MMPI	Scales for male and female successful in identifying abusive parents.
41. Paulson, M.J.; Afifi, A.A.; Thomason, M.L.; Chaleff, A. (CD-00780)	33 mothers and 27 fathers referred to Child Trauma Intervention Program because of abuse or neglect in family Comparison group of 63 mothers and 37 fathers selected at random from child psychiatric outpatient clinic MMPI	Findings indicate that test scores from this instrument are useful in discovery of high-risk families and distinguishing different types of maltreating parents.

TABLE 4 (Continued)
ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

Reference	Methodology	Review of Studies
42. Paulson, M.J.; Schwemer, G.T.; Bendel, R.B. (CD-01874)	53 abusive parents 113 controls Psychological tests (MMPI, Magargee Over-controlled Hostility Scale)	Study focus: to differentiate abusive parents from controls using a variety of test instruments.
43. Phillips, P.S.; Pickrell, E.; Morse, T.S. (CD-01882)	25 intentionally burned children admit- ted to hospital	Parents may have been abused themselves as children and are often lonely, imma- ture, or bored.
44. Polansky, N.A.; Borgman, R.D.; DeSaix, C. (CD-01285)	65 mother-child pairs Rural, Appalachia Measures of IQ, ego strength, and maturity	Inadequate mothers caught up in apathy- futility cycle, displaying powerlessness, helplessness, alienation, and depression generation after generation. Inadequate mental organization (measured by IQ, ego strength, and maturity) transmitted to children.
45. Polansky, N.A.; Borgman, R.D.; DeSaix, C.; Smith, B.J. (CD-00814)	67 mother-child pairs Rural, southern, Appalachia Enrolled in Head-Start day care center program Interviews and test battery (CLLS, WAIS, TAT, Rorschach)	Findings suggest inadequate maternal care the result of pervasive characterological disturbance.
46. Polansky, N.A.; Pollan, L. (CD-01891)	63 Appalachian families at or below poverty level 93 AFDC families CLLS Personality tests	CLLS score correlated significantly with intelligence and with features of parents' personalities independently measured.
47. Seaberg, J.R. (CD-00896)	Data from nationwide study of child abuse subjected to expanded analysis	Effects from perpetrator being past victim of abuse and perpetrator being psychologically sick not observed.
48. Simons, B.; Downs, E.J.; Hursker, M.M.; Archer, M. (CD-00931)	313 case reports involving medical care Review of cases reported to child abuse registry	50% had psychological difficulties; of that 50%, 20% were alcoholics or drug addicts. Survey found high proportion of cases where family exhibited mental problems or where victim was a low birthweight infant.
49. Smith, S.M.; Hanson, R.; Noble, S. (CD-00949)	214 abusive parents	Mothers: abnormal personality, neurotic, subnormal intelligence. Fathers: abnor- mal personality.
50. Smith, S.M.; Honigsberger, L.; Smith, C.A. (CD-00950)	35 abusive parents EEG, psychological tests	All parents found psychopathic and of low intelligence.

TABLE 4 (Continued)
ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

Reference	Methodology	Review of Studies
51. Sokol, R. (CD-01964)	Random sample of 360 females, 18 years and older seen at hospitals and -planned parenthood agencies Questionnaire	Potentially abusive mothers: lower self-concept, more deeply affected by disappointments in life, generally more anomic.
52. Stern, L. (CD-00971)	51 abused children Hospital records	Much higher incidence of serious neonatal illness, congenital defects, low birth-weight reported.
53. ten BenseL, R.W.; Paxson, C.L., Jr. (CD-01993)	10 severely physically abused children 10 controls matched for birthweight Treated in special care nursery at birth 3-year follow-up	Abusing mothers: higher incidence of gestational illness associated with postponement of first visitation with infant.
54. Terr, L.C. (CD-01002)	10 abusive families with children from 3 months to 9 years old Interviews; observations	Exaggerated dominant-submissive or aggressive-passive relationships between spouses. Children displayed physical abnormalities or ego defects frustrating to the abuser.
55. Williams, J.E.H. (CD-01340)	68 cases being considered for parole on incest convictions, generally 30-50-year-old men	Nearly 25% had low or subnormal intelligence.
56. Wilson, H.C. (CD-01341)	52 neglectful families Sociological study	Frequently found a personality characteristic resembling emotional retardation which may have been regressive response to economic and psychological strain. Immaturity not always related to neglect.
57. Wright, L. (CD-00491, CD-01071)	13 convicted abusive parents 13 nonabusive or neglectful parents matched for age, sex, race, number of children, marital and educational status, income Psychological tests (Peabody Picture Vocabulary Test, Rorschach, MMPI, Rosenzweig Picture Frustration Study)	Abusing parents scored differently on many of tests, appeared more psychopathic, scored lower on intelligence.

TABLE 5

ANNOTATED LIST OF ONGOING RESEARCH STUDIES: INDIVIDUAL CAPACITIES

Reference	Research Purpose	Methodology
1. Altemeier, W.A., III; O'Connor, S. (CR-00003)	Determine if there is a characteristic pathological pattern in mother that correlates with disturbances in child care behavior and with abuse or neglect.	Screening pregnant women by questionnaire to classify as high, moderate, or low risk pre-, peri-, and post-natal evaluations.
2. Chapa, D.; Luebbert, G. (CR-00027)	Investigate relationships between child abuse and neglect and drug abuse.	Data gathered from interviews and questionnaires. 5,000 adults divided into 1) child abuse and neglect parents, 2) substance abuse parents, and 3) general population (normal control).
3. Frodi, A.; Lamb, M. (CR-00056)	Identify characteristics of infants and children, such as excessive crying, facial features, and child temperament, that may trigger impulsive, aggressive outbursts on part of parents or parent substitutes.	Heart rate, skin conductance, and blood pressure measured in parent couples watching videotapes of normal or premature infants. Broussard's Perception of the Average Baby Scale, Bother Inventory, Caryl Infant Temperament Scale. 32 couples 20-35 years old.
4. Kadushin, A.; Berkowitz, L. (CR-00090)	Develop understanding of behavior leading to abuse by focusing on parent's perception of child's behavior associated with an abuse event.	Experienced, social work interviewers to conduct 60-minute interviews with 100 abusive parents.
5. Kennell, J.H. (CR-00092)	To 1) determine if infant's contribution to perceived reciprocal interaction necessary to mother-infant attachment; 2) determine if mother-infant contact after birth increases maternal attachment thus insuring better health for the child; 3) investigate situation in which newborn infant is malformed.	Comparative analysis of infants and mothers who receive experiences in 1st week after birth and matched group who do not. Second study comparing mothers separated from infants for 1st 24 hours and group who were not. Third study looks at infants with congenital anomalies and compares group receiving intervention with one that is not.
6. Kent, J. (CR-00094)	Investigate developmental outcome of high-risk infants who undergo prolonged hospitalization at birth; develop profile of risk factors.	Study population of 1) infants hospitalized because of prematurity, and 2) infants hospitalized due to congenital anomalies whose parents volunteer. Data collected by observation, questionnaire, and psychological evaluation.
7. Mayer, J.; Black, R. (CR-00109)	To 1) examine distribution frequency and types of child abuse and neglect within sample of alcohol and drug abusers; 2) investigate child abusers and substance abusers for common factors; 3) examine relationship between stages in cycles of drug and alcohol abuse, adequacy of child care, presence or absence of abuse and neglect; 4) determine extent to which social and situational factors associated with abuse and neglect operative among alcohol and drug addicts.	Structured interview of 100 alcoholics and 100 opiate addicts with children under age 18. MMPI; Survey on Bringing up the Children, the Schedule of Recent Experience.

TABLE 5 (Continued)

ANNOTATED LIST OF ONGOING RESEARCH STUDIES: INDIVIDUAL CAPACITIES

Reference	Research Purpose	Methodology
8. Tufts, E. (CR-00150)	Assess role of failure to thrive as indicator of potential susceptibility to later abuse and neglect.	Infants less than 6 months who are 2 standard deviations below normal height and weight under study. Comparison with matched control group. All subjects from clinic population.

Situational Factors

Situational factors are defined as the complex of factors unique to an individual and to families at a given time that arise from the immediate familial, living space, and social and economic environment. They can be positive factors strengthening the family and improving the equality of family life, or negative ones, making life more difficult. Situations affecting families may be chronic or acute. A sudden crisis, although of temporary duration, may have as profound an effect on family functioning as a long-standing problem.

In this review, the situational factors related to child abuse and neglect are divided into three major groups: the family situation, living conditions, and economic status.

The family situation includes the status of the marriage, its structure, and the quality of the marital relationship; the number, age, and spacing of children; family interaction; the presence or absence of "significant others"; and the degree of social isolation. Living conditions are defined by factors such as housing, clothing, sufficient and nutritious food, access to health care, geographic location, and available transportation. Economic status includes such things as employment status of one or both parents, income level, and job satisfaction.

The following pages present an annotated listing of 42 completed and six ongoing research studies of situational factors related to child abuse and neglect. These studies were selected for inclusion in this section for one of the following reasons: (1) the purpose of the study was to investigate the relationship of a particular situational factor to child abuse and neglect; or (2)

regardless of study focus, a substantial proportion of findings dealt with situational factors. These studies are listed alphabetically by author, and full citations are given in the bibliography which begins on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on situational factors can be found under the heading "Review of Studies." Study findings are noted where available; if no findings are indicated in the abstract, the situational factors dealt with in the study are reported.

Methodology. In reviewing the methodologies used in the completed studies, the problem of the noncomparability of research is immediately evident. Sample size, characteristics of study populations, and data collection methods vary enormously. While the majority of sample populations ranged from 20 to 100 subjects, one study had only 12 subjects, while another examined questionnaires on 1,401 welfare clients. Study populations also varied widely, e.g., middle-class families, Navajo children, and alcoholic incest offenders were all study subjects. The most commonly used technique of data collection was review of case records; eight studies used questionnaires or interviews.

Review of studies. While it is important to keep in mind that the abstract format limits the amount of information available for review, it is interesting to note that three situational factors did tend to recur in the review of the completed studies: low income, social isolation, and marital discord. The review which follows shows the broad range of situational factors that has been investigated by researchers.

Ongoing research studies. Family interaction, poverty, and socioeconomic status are specific factors under consideration in six studies. Several studies describe the in purpose in general terms but do not identify specific factors under study.

TABLE 6
ANNOTATED LIST OF STUDIES: SITUATIONAL FACTORS

Reference	Methodology	Review of Studies
1. Baldwin, J. A.; Oliver, J. E. (CD-01376)	60 severely abused children under 5 years of age Retrospective and prospective study	Identifying characteristics were large family size, low social class, instability.
2. Ball, M. (CD-01377)	109 cases	Analysis of violent behavior; 33% of vic- tims were children; in case of violence victim was low.
3. Bettschelder, J. L.; Young, J. P.; Morris, P.; Hayes, D. D. (CD-00083)	30 incest families, 70 neglect families Retrospective study of case reports	Incest and neglect families: high religious nonaffiliation rate, overcrowded condi- tions. Neglect families: lack of clean- liness, inadequate clothing, inadequate feeding.
4. Brett, D. L. (CD-00119)	23 cases of child abuse, preschool-age children Control group of 56 children representing socioeconomic and racial cross section Interviews with mothers Medical and social services records	Material evaluated to determine family social characteristics and behavior prob- lems.
5. British Medical Journal (CD-01429)	28 psychiatric patients who had had some experience with incest. Unselected female psychiatric patients who were victims of paternal incest	Most of the cases reported occurred in large working-class families, living in cramped quarters in industrial towns or under conditions of extreme isolation in rural areas.
6. Broseau, B. E. (CD-01113)	Parents of 600 abused children	90% of abused children's parents stated they wanted the pregnancy.
7. Bullerdick Corey, E. J.; Miller, C. L.; Widlak, F. W. (CD-01438)	48 children, to age 6 years, hospitalized for child battering Comparison group of 50 children hospi- talized for other reasons Collected demographic and medical data	No differences found in number of mothers married, presence of siblings, the extent of prematurity or extended post- natal hospitalization.
8. Chavez, G. Y. (CD-01463)	50 university undergraduates	Attempt to identify students who were subjected to maltreatment through an instrument based on dysfunctional rearing characteristics.
9. Cohen, M. I. (CD-01135)	43 middle class families Survey questionnaire to child protective workers	Statistical data analyzed on: occupation and finances, living arrangement, recrea- tion, marriage expectations, and present relationships.
10. Disbrow, M. A. (CD-01530)	17 families in which either parents ap- prehended for child abuse or children taken into custody Comparison group of 19 families ran- domly selected from same neighbor- hoods Questionnaires and subject interviews	Abusive parents more socially isolated and isolated as parents.

TABLE 6 (Continued)
ANNOTATED LIST OF STUDIES: SITUATIONAL FACTORS

Reference	Methodology	Review of Studies
11. Durham, M.E. (CD-01535)	60 cases of child abuse Factor analysis	Findings showed there were enough causal relationships among variables to describe the factors and relate various factors to family cohesion, deviance, preceding behavior of the child, life stresses and tension, means of abuse.
12. Fergusson, D.M.; Fleming, J.; O'Neill, D.P. (CD-01165)	All cases of alleged or suspected child abuse that came to attention of Child Welfare Division in New Zealand in one year National survey, data collected on standardized recording forms	Child abuse concentrated in lower socio-economic strata; abused children frequently experienced unstable home backgrounds.
13. Holman, R.R.; Kanwar, S. (CD-00485, CD-01208)	28 abused children Retrospective study of obstetric histories and early lives.	Finding was that environmental pressures lead to child abuse by susceptible individuals.
14. Holter, J.C.; Friedman, S.B. (CD-00488)	7 of 69 cases seen in emergency ward for accidents suspected of injury due to maltreatment 7 of 87 cases of suspected abuse in similar survey 6 months later Survey and evaluation by home visit	Families displayed a high incidence of stressful situations at time of child's accident.
15. Holter, J.C.; Friedman, S.B. (CD-00489)	19 cases of child abuse from 18 families	Families often social isolates, with few church ties or contacts with social organizations; often new community. Marital discord present in majority; unwanted pregnancy played important part in depression of mothers in 4 families.
16. Hyman, C.A. (CD-01660)	15 cases of suspected nonaccidental injury, children under 2 years old Comparison group of 15 cases of known accidental injury, children under 2 years old Questionnaire completed by health visitors	Abusing parents: more doubt concerning paternity, more sought termination of pregnancy, more marital and financial problems. Abuse occurred more often when mother pregnant or within 7 months of last delivery or miscarriage.
17. Kaplan, D.; Reich, R. (CD-01697)	112 child homicides under age 15 Postmortem reports, police inquiry reports, public assistance and child welfare agency case records	Severe poverty, illegitimacy of abused child, unwanted pregnancy, marital conflict, lack of medical care, hostile or nonexistent relationship with neighbors or relatives associated with abuse.
18. Kent, J.T. (CD-00562)	500 children and their families, referred for direct abuse Comparison group of 185 families referred for reasons other than abuse such as alcoholism, mental illness, inadequate parenting	Abusive parents: new to neighborhood, without phone or transportation, few friends, more complications during pregnancy or birth. Both groups poor in financial resources.

TABLE 6 (Continued)
ANNOTATED LIST OF STUDIES: SITUATIONAL FACTORS

Reference	Methodology	Review of Studies
19. Kushnick, T.; Pietrucha, D.M.; Kushnick, J.B. (CD-00586)	39 abandoned children seen in metropolitan hospital, 6 neglected, 1 abused	Limited information available on family background indicated larger proportion of poverty, crime, and other disrupting factors among parents.
20. Lloyd-Still, J.D.; Martin, B. (CD-01738)	64 cases of abuse and neglect seen at a rural clinic, most under 3 years of age	Majority of cases related to a combination of marital difficulties, inadequate parenting, and economic crises.
21. Lukianowicz, N. (CD-00630)	26 cases of paternal incest and 29 cases of various other incestuous relations found among psychiatric and child guidance patients	Incest interpreted as a subcultural phenomenon precipitated by over-crowding and social isolation.
22. Molnar, G.; Cameron, P. (CD-01790)	18 incest cases, girls 14-17 years old	In all cases marital and sexual relationships of parents dysfunctional.
23. Moore, J.G. (CD-01796)	23 cases of violence between parents	Found a group of children subjected to emotional battering as a result of persistent marital conflicts and ensuing cycles of parental separation and reunification.
24. Mulford, R.M.; Cohen, M.I. (CD-01806)	1401 heads of 959 families Questionnaire distributed to caseworkers with state Society for Prevention of Cruelty to Children Client Psychosocial Characteristics Form	Neglecting parents characterized by low motivation, low social participation, and high residential mobility.
25. National Society for Prevention of Cruelty to Children (CD-01816)	25 families referred for treatment because of specific abusive incident Retrospective case study	Findings suggest a multicausal model, including marital discord, social isolation, unwanted pregnancy, economic stress.
26. Oakland, L.; Kane, R.L. (CD-00744)	33 Navajo children between 2 months and 3 years admitted to hospital because of neglect Age-matched with 49 controls Review of records	Neglectful mothers: more unmarried with smaller families.
27. Oliver, J.E.; Cox, J.; Taylor, A.; Baldwin, J.A. (CD-01273)	38 severely abused children under 4 years of age Clinical study	Most of male parents or guardians were unskilled laborers and had unstable work records. More than half the families had 4 or more children.
28. O'Neill, J.A., Jr.; Meacham, W.F.; Briffin, P.P.; Sawyers, J.L. (CD-00743)	100 cases of child abuse 3 weeks to 11 years old	Low socioeconomic status, broken homes, illegitimacy were associated factors.

TABLE 6 (Continued)
ANNOTATED LIST OF STUDIES: SITUATIONAL FACTORS

Reference	Methodology	Review of Studies
29. Paulson, M.J.; Blake, P.R. (CD-00781)	96 cases of child maltreatment seen at metropolitan hospital	More documented evidence of abuse in lower economic levels.
30. Pemberton, D.A.; Bénady, D.R. (CD-01877)	8 boys and 4 girls Consciously rejected children Age-matched control group	No significant characteristics noted when parents studied individually; marital dis- cord reported as family characteristic.
31. Scott, P.D. (CD-00894)	29 cases in which father or father substi- tute charged with killing his child Comparison group of nonfatally abused babies	Significant differences in marital status, biological paternity, number of working mothers.
32. Segal, R.S. (CD-00899)	32 couples who neglect their children Comparison group of 31 couples who abuse their children	Family interaction a major determinant of differences between groups of parents.
33. Sills, J.A.; Thomas, L.J.; Rosenbloom, J. (CD-01947)	76 children with nonaccidental injury seen in an emergency department of hospital Review by multidisciplinary team	Among features which emerged in associ- ation with child abuse were illegitimacy, younger age pregnancy for mothers, and environmental stress factors.
34. Skinner, A.E.; Castle, R.L. (CD-00938)	78 cases of abused children	Both natural parents living in majority of families; 30 fathers and 74 mothers un- employed; financial problem present in 29 families and problems of accommoda- tion encountered in 35%
35. Smith, S.M. (CD-00945)	50 children, average age 14 months, hospitalized for "unexplained" injuries who showed signs of abuse	Evidence did not indicate that abuse is restricted to lower social classes or that abused children were unwanted.
36. Smith, S.M. (CD-01957)	134 abused infants and children under 5, and their parents Comparison with matched group of parents whose children admitted as emergency cases	Lack of family cohesiveness and premar- ital conception were significant precursors to abuse.
37. Tormes, Y.M. (CD-01018)	20 cases of father-daughter incest Comparison group of 20 cases of non- incestuous sexual abuse	Incestuous families: less time spent in city, larger families, more young children, fewer relatives, lower levels of employ- ment, more illegitimacy.
38. Virkkunen, M. (CD-02015)	22 alcoholic incest offenders (father- daughter) seen at a psychiatric clinic Comparison group of 23 nonalcoholic incest offenders seen at a psychiatric clinic	Alcoholic families: sexual rejection by spouse, large families, poor living condi- tions.
39. Waterway, J. (CD-02023)	42 victims of sexual abuse or incest referred to Protective Services Unit Questionnaire and interviews	More than 50% of families had multiple problems including financial instability and histories of family disruptions.

TABLE 6 (Continued)

ANNOTATED LIST OF STUDIES: SITUATIONAL FACTORS

Reference	Methodology	Review of Studies
40. Wight, B.W. (GD-01337)	77 children under age 1 referred for X-rays 1 year longitudinal study	Abused children: low socioeconomic status, from broken homes.
41. Young, L. (CD-02051)	120 families selected from case files of 2 public child welfare agencies and 1 private agency handling only abuse and neglect in a large eastern metropolitan area 180 families from 2 rural areas, 2 medium sized cities, and 1 large urban area in midwest; and 1 medium sized city and 1 rural county on Pacific coast	Study focus was to identify and detail recurring behavior in abusive families.
42. Young, M. (CD-01345, CD-01346)	Groups of recognized abusive families drawn from public nurse caseloads Comparison group of caseload families with no history of abuse Questionnaire to public health nurses Psychological testing of parents (Rotter's I-E Scale and FIRO-B)	Abusive parents: significantly more socially isolated, fewer friends outside family, fewer persons to turn to in times of stress, less communication between spouses, greater feelings of powerlessness.

TABLE 7

ANNOTATED LIST OF ONGOING RESEARCH STUDIES: SITUATIONAL FACTORS

Reference	Research Purpose	Methodology
1. Bentley, R.J. (CR-00008)	Identify stressful conditions and institutions which, impacting on the black community, may lead to child abuse. Isolate dominant familial characteristics involved with child abuse. Describe potential correlations which may illuminate child abuse variables.	Data obtained from court records, police files, and Dept. of Human Resources. Study population: 450 families (150 known abusers, 150 in agency files for other reasons, 150 normal families).
2. Burgess, R.L. (CR-00021)	Determine whether specific interaction patterns distinguish child abusing families from nonabusing families.	Observations made in homes of abuse and neglect, and matched control families. Behavioral Observation Scoring System adapted for data collection.
3. Geismar, J.; Horowitz, B.; Wolock, I. (CR-00059)	Clarify factors which, interacting with poverty, may make families more likely to abuse or neglect their children.	380 abusing families compared with 144 nonabusing families.
4. Lewis, M. (CR-00102)	Investigate effects of birth order, sex, and socioeconomic status upon mother-infant interaction, and upon psychological development of infant up to 2 years.	Observation at home for 2 hours when infant is 3 months old. At 1 and 2 years, infants and mothers videotaped in laboratory. 200 infants and families from 2 economic groups.
5. Money, J.; Werlwas, J. (CR-00115)	Develop a phenomenological account of behavior in families with children suffering from psychosocial dwarfism to determine etiological factors related to child abuse.	Case history analysis, patient and family observation, interviews with persons connected with the patients.
6. Starr, R.H., Jr. (CR-00142)	Determine causal and correlative factors in child abuse and neglect.	210 families (90 abusing or neglectful; 30 mothers entering methadone treatment program, 90 matched controls). Children less than 5 years old.

Attitudes and Values

Attitudes, values, and beliefs play an important role in shaping the behavior of parents, children, and families. Each individual is constantly shaping and reshaping his own personal view of life, selecting, developing, and interpreting those attitudes and values that are salient for him. Of course the sophistication and consciousness of this process varies widely from person to person.

This internal process is largely a response to the individual's exposure to the attitudes and values of significant others in his life, such as the members of his family and his immediate peer or reference group. In addition, each person is affected by his perception of the attitudes and values of society at large primarily as expressed through the media and through the social and political institutions that touch everyone. Any one individual, therefore, is affected by attitudes, values, and beliefs emanating from a variety of sources.

Thus the context of attitudes and values within which individuals and families exist is multidimensional. Each level influences and is influenced by every other level. For example, a family develops a set of attitudes reflecting a blending of values of individual family members. In turn the family's values may or may not be congruent with those of its immediate reference group. Further, if this group represents a particular minority or special subculture, its values may not be reflective of broader societal values. Dissonance or conflict between attitudes and values at any level may create stress for individuals and families.

In this review, the attitudes, values, and beliefs that are relevant to child abuse and neglect are divided into two major groups: attitudes toward children and attitudes toward the family.

Attitudes toward children include the value placed on children in general, based on a view of the child's position, role, and status within his group; attitudes toward unique categories of children; beliefs about determinants of child behavior and personality characteristics; attitudes about the age at which a child is considered competent to learn and reason, before which attempts to modify his behavior would not be fruitful; and attitudes about age-appropriate behavior.

Expectations about family life, family relationships, and the role and status of each family member constitute the set of beliefs and *attitudes toward the family* that are relevant to child abuse and neglect. Specifically, these

attitudes include beliefs about the parent-child relationship; attitudes about the different roles that family members should assume; the value of these roles as perceived by other family members and by society; attitudes about others who may be involved in child care; and finally, attitudes about how family members relate to one another, such as the way in which feelings may be expressed or the appropriateness of corporal punishment in changing a child's behavior.

The following pages present an annotated listing of five completed and two ongoing research studies which consider the relationship of attitudes and values to child abuse and neglect. These studies were selected for inclusion in this section for one of the following reasons: (1) the purpose of the study was to investigate the relationship of a particular attitude or value to child abuse and neglect; or (2) regardless of study focus, the majority of findings dealt with attitudes and values.

These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on attitudes and values can be found under the heading "Review of Studies." Study findings are noted where available; if no findings are noted in the abstract, those attitudes and values dealt with in the study are reported.

Methodology. The samples in four of the completed studies reported here were drawn from nonabusive populations including representatives of various professional groups, middle-class families, mothers of five-year-olds, and couples who married young. Home observation was used to collect data in two studies while three studies used a questionnaire with a professional group involved in child abuse and neglect.

Review of studies. Most of the completed research deals with children's behavior and appropriate means of modifying it. Four of the studies sought information on attitudes toward punishment. Three studies reported findings on the parental expectations of children's behavior. There was little research on expectations of family life, family relationships, and roles of family members.

Ongoing research studies. Unrealistic or rigid expectations on the part of the mother are the subject of one study, while the other sought

information on child abuse in the context of physical violence in general.

TABLE 8

ANNOTATED LIST OF STUDIES: ATTITUDES AND VALUES

Reference	Methodology	Review of Studies
1. De Lissovoy, V. (CD-01520)	48 couples married while still in high school Home visits over 3 years	Unrealistic expectations of development associated with physical punitive measures.
2. Dolder, S.J.L. (CD-01532)	120 pediatricians, social workers, policemen, teachers, middle-class working adults, and high school teachers Questionnaire rating punishment incidents	Study focus: differences among groups regarding attitudes toward punishment and behavior of parents.
3. Sears, R.R.; Maccoby, E.E.; Levin, H. (CD-00897)	379 mothers of 5-year-olds	Study focus: relationship of child's level of aggressive behavior, degree to which mothers permitted such behavior, and severity with which they punished it.
4. Smith, S.M.; Hanson, R. (CD-01959)	134 abused children under 5 years old and their parents Control group of 53 children admitted as accidental emergencies and their parents Hospital and home observation Psychiatric, psychological, and sociological interviews Questionnaires	Abusive parents: excessive in maternal over-involvement, demands for obedience, and use of physical punishment.
5. Straus, M.A.; Gelles, R.J.; Steinmetz, S.K. (CD-01317)		Study focus: violence in the family, what constitutes legitimate and illegitimate violence.

TABLE 9
ANNOTATED LIST OF ONGOING RESEARCH STUDIES: ATTITUDES AND VALUES

Reference	Research Purpose	Methodology
1. Egeland, B.; Deinard, A. (CR-00046)	Identify high-risk situations for abuse and neglect by studying characteristics of newborns, interaction of mothers and infant in 1st year. Investigate hypothesis that in situations where mother's expectations are unrealistic and rigid, interaction patterns will place child in high-risk situation.	Prospective longitudinal study. Child-rearing attitudes and expectations of 225 mothers obtained prenatally and 3 months after birth. Interactions observed at 3, 6, and 9 months, and infant attachment to mother studied at 12 months.
2. Straus, M.A.; Gelles, R.J.; Steinmetz, S.K. (CR-00145)	To study child abuse within context of all uses of physical violence in family. Test subjective meaning of acts of violence to those involved. Test theories about etiology of intrafamily violence.	National sample of 2,143 families interviewed for data on frequency and modality of violence.

Social Institutional Factors

Social institutions exist for different purposes and on different levels. At the most universal and general level are basic institutions that express the purposes and embody the values of a society and shape the lives of all its members. These institutions are significant for all families and form the underpinnings without which no society would function.

At another level are social service and social control institutions that exist to serve the needs of families. Such institutions are numerous and can render various forms of help, relief, and care to parents, children, and families. They range from educational and health institutions that are used at one time or another by all families to those institutions that directly intervene to protect or change the behavior of individuals and families with specific social problems.

In this review, social institutional factors are divided into two major groups: basic social institutions and social service/social control institutions.

Basic social institutions are responsible for the general welfare of individuals and communities. They assign and carry out society's tasks, express and help shape its civic and social values, and

provide cultural and recreational opportunities for its members. Basic social institutions include political structures; economic structures; and integrative structures, such as community organizations, schools, and media.

Social service and social control institutions are assigned to provide those general human services that may be needed at one time or another by all members of the community, and to deal with specific problems in our society. Included here would be institutions such as health and day care facilities, as well as those dealing with child welfare, drug and alcohol abuse, mental health, unemployment, and poverty.

Individuals and families may and do avail themselves of such services voluntarily. But in some cases society decides to intervene directly to change individual and family behavior which is deemed deviant and to protect family members who are seen to be at risk, especially children. In these cases social service institutions become institutions of social control. In addition, society has established specific instruments of social control--law enforcement and legal institutions--which also have a role to play in ameliorating or eliminating inappropriate behavior of individuals and families.

The following pages present an annotated listing of 21 completed and 11 ongoing research studies focusing on social institutional factors related to child abuse and neglect. These studies were selected for inclusion in this section for one of the following reasons: (1) the purpose of the study was to investigate the relationship of a particular social or institutional factor to child abuse and neglect; or (2) regardless of study focus, a substantial proportion of findings dealt with social or institutional factors.

These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on social and institutional factors can be found under the heading "Review of Studies." Study findings are noted where available; if no findings are indicated in the abstract, those social or institutional factors dealt with in the study are reported.

Methodology. The intent of completed research related to social institutional factors was to analyze the effectiveness of a particular system. Thus, the samples studied ranged from a single child protective program to an entire state system or even child protective services in all 50 states.

Methods of data collection included analysis of program records, interviews with staff, and in one study, interviews with clients.

Review of studies. Only two studies deal with basic social institutions. Both studies focus on the policies, procedures, and regulations of educational systems as they relate to child abuse and neglect.

All other studies focus on child protective service systems: needed and available services, and the effectiveness and efficiency of system operations.

Ongoing research studies. General social service and social support systems are under study in 10 projects as well as case dispositions in a police department, role of the educational system, the juvenile court system, and a military community system's management of abuse and neglect.

TABLE 10

ANNOTATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS

Reference	Methodology	Review of Studies
1. Barrett, L.; Froland, C.; Cohn, A.H.; Collignon, F.C. (CD-01387)	11 demonstration projects of joint OCSRS National Demonstration in Child Abuse and Neglect Descriptive analyses of project's resource allocation	In general, average expenditure increased 20% between Oct. 1975 and April 1976 while program hours expended remained stable. Comparative tables illustrating unit cost trends appended; index of relative cost efficiency of projects and factors associated briefly described.
2. Billingsley, A.; Giovannoni, J.M.; Purvine, M. (CD-00979, CD-01407)	3 studies: - participant observation study of a protective service system - questionnaire to protective service social workers in 9 public agencies - comparison of abusive and neglectful families with normal families	1. Cases that did not warrant legal action and lack of coordination between legal and welfare authorities were problems in protective services system. 2. Organization and functioning of a department is more important than size of case loads and education of individual workers; forces within a community can lead to trends in intervention rather than to intervention based on the individual client's problem. 3. Protective services should be conceptualized as comprehensive community services to children in their own homes, since these families are apt to be in need of a multiplicity of services.
3. Burns, A.; Feldman, M.; Kaufman, A.; Stransky, P. (CD-01440)	Child abuse and neglect reporting methods and procedures in one county Questionnaire directed to personnel in 6 hospitals and personnel in County Departments of Public Health and Social Service	Criteria for identifying an abuse or suspected abuse case varied for each individual. Most hospitals did not have a policy for delineating guidelines in suspected cases. Little cooperation between various agencies. Knowledge of abuse and neglect as health and social problem inadequate and inaccurate.
4. Burt, M.R.; Blair, L.H. (CD-00154)	1,200 cases of county child welfare agency Case records	Program shortcomings included: unnecessary abrupt removal of children from families; routine filing of neglect and dependency petitions; failure to prevent neglect, abuse, or dependency; duplication of effort by several agencies; lack of 24-hour emergency services.
5. Dawe, K.E. (CD-01507)	59 cases of child abuse Retrospective study of medical, social, or court records Survey of 1,000 physicians, lawyers, social workers, nurses, teachers, police, journalists, clergy	Problem areas uncovered in the retrospective study included inadequate intake records, lack of awareness of the problem, insufficient diagnoses and follow through, lack of coordination in record keeping. Recommendations from the study included: a central registry, standardized reporting procedures, augmentation of child welfare agencies, establishment of child advocacy office.

TABLE 10 (Continued)

ANNOTATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS

Reference	Methodology	Review of Studies
6. DeCourcy, P.; DeCourcy, J. (CD-01521)	13 cases of child abuse Case study	No effective remedial action taken in any of 13 cases because of inadequacies of courts and social agencies.
7. De Francis, V. (CD-00252, also reported in CD-01516)	9000 cases of sex crimes against children Review of case records	Findings of project designed to study effectiveness of a child protective service program extended to child victims of sexual crimes reveal little intervention on behalf of children vulnerable to sexual abuse. 50% of affected households had prior contact with welfare authorities.
8. De Francis, V. (CD-00251)	Child protective services in 50 states Survey	Program was grossly underdeveloped: no state or community had a program adequate in size to meet needs of all reported cases of abuse and neglect.
9. DeGraaf, B.J. (CD-01522)	275 cases in 11 demonstration projects	Findings reported on case management in child abuse and neglect cases from intake and diagnosis through termination and follow-up.
10. Education Commission of the States (CD-01545)	390 educational groups and institutions Phone and mail survey	Most state boards of education, state departments of education, institutions did not have policies, procedures, or regulations relating to child abuse and neglect.
11. Harriman, R.L. (CD-01633)	State school system Written inquiries	Few school districts had written child abuse policies, administrative procedures, or in-service training.
12. Johnson, C.L. (CD-01681, CD-01683)	2 county protective service units Collection of data on various agency functions	Both systems impeded as a result of state of their relationship with collateral systems, especially hospitals which fell short in channeling child abuse and neglect cases. In both systems, the record keeping system was an impediment.
13. Maden, M.F. (CD-01752)	Reported child abuse victims	Findings show that cases investigated by social service agencies compared with law enforcement agencies are less likely to result in removal of victims from home, more likely to receive social services, more likely to invoke community action for perpetrator. Joint investigation more likely to result in removal of child and referral of family for services.

TABLE 10 (Continued)

ANNOTATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS

Reference	Methodology	Review of Studies
14. New Jersey State Div. of Youth and Family Services (CD-01256)	Analysis of state child abuse and neglect treatment services	An estimated 80% of population of abused and neglected children received no assistance from state Division of Youth and Family Services. The most serious deficiency in treatment system is the lack of programs to help develop and improve parenting behavior and skills.
15. Pacheco, C. (CD-01862)	Analysis of 15 child abuse and neglect programs in a metropolitan area	Severe problems of a high professional turnover rate, significant deficiency in number of properly trained social workers, overworked city and state appointed attorneys, insufficient training for juvenile court judges and law enforcement personnel. Insufficient professional exchange of information, too few prevention programs, no printed material for Spanish-speakers, reporting system does not encourage reporting, duplication of effort in identification and treatment.
16. Queensboro Society for Prevention of Cruelty to Children, Inc. (CD-01899)	Analysis of county prevention, protection, and treatment services In-depth study of 3 randomly selected cases Structured interviews of 21 leaders in field and 166 directors and front-line workers	Analysis: duplication of services, omission of some services, in general an unplanned, uncoordinated system of care. Study of leaders, directors, and workers: duplication of services not a problem but coordination needed in prevention and rehabilitation.
17. Silver, L.B.; Dublin, C.C.; Lourie, R.S. (CD-01949)	Hospital and agency records of 34 cases of abuse Retrospective analysis	Only intervention effective in preventing further episodes of abuse or neglect was removal of child by court.
18. Tennessee State Dept. of Public Welfare (CD-01319)	Analysis of needed and available services for neglected, dependent, and abused children and families. County-by-county survey Case records and interviews of professionals	Protective service clients receiving more sufficient services than nonprotective service clients: Areas covered most insufficiently were the hotline, self-help organization, 24-hour emergency service, day care, homemaker, and parent education. Urban areas most deficient in services, while reverse is true in nonurban areas. Statewide, nonurban areas demonstrate the greatest need for services.
19. Terr, L.C.; Watson, A.S. (CD-01003)	Analysis of medical and legal records in 10 cases of suspected child abuse	Numerous procedural defects in both medical and legal institutions designated to deal with suspected child abuse.

TABLE 10 (Continued)

ANNOTATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS

Reference	Methodology	Review of Studies
20. Varon, E. (CD-02012)	13 former clients of private agency 50 nonclients from same neighborhoods Relevant agency and nonagency professionals Interviews	Former clients and nonclients knew little or nothing of inner functioning of social agencies or their place in social structure.
21. Webber, D.N. (CD-02030)	Analysis of state specialized child protective service program	Study focus: referral movement, referral sources, reasons for referral and reasons for rejection of referral, caseload movement, public assistance status, numbers and types of social services provided, and reasons for closing cases.

TABLE 11

ANNOTATED LIST OF GOING RESEARCH STUDIES: SOCIAL INSTITUTIONAL FACTORS

Reference	Research Purpose	Methodology
1. Bolanstedt, M. (CR-00010)	Correlate characteristics of child abuse victims and parents with case dispositions.	1500 cases reported to police department of large western U.S. city.
2. Curry, D. (CR-00032)	Ascertain levels of awareness of abuse and neglect and child rearing practices among black community. Identify services provided and areas of need in various agencies dealing with abuse and neglect.	Home interviews of adult male and female members of black community in 14 cities. Interviews with representatives of social service agencies, schools, hospitals, and criminal justice departments in 2 cities to identify services.
3. Dinges, J. B. (CR-00038)	Evaluate and improve components of state case identification. Design and test methodologies for protective service needs and resources assessment. Design models for services identified as needed for prevention and treatment.	Survey research utilizing interviews, questionnaires, and case readings. Experimental research design used.
4. Garbarino, J. (CR-00058)	Investigate function of formal and informal support systems in mediating stresses which investigate abuse and neglect. Determine whether isolation from social support systems is a necessary condition for abuse and neglect.	Analysis of data from 93 census tracts to determine high- or low-risk neighborhoods. These provide contexts for assessment of family stresses and supports by an interview technique, the Family Support System Interview, and Holmes-Rahe Social Readjustment Scale.
5. Jones, C. D., Fox, P. (CR-00088)	Develop and recommend alternatives regarding role of educational systems in identification, treatment, and prevention of child abuse and neglect. Increase awareness in these systems and among state decision makers. Encourage participation among service delivery systems.	Trend analysis on data collected from state and local Boards of Education, PTAs, and other educational organizations. Research on teacher education and preparation in area of abuse.
6. Maney, A. C., Gaugham, M. (CR-00107)	Develop and report understanding of those professional, bureaucratic and political processes which affect deinstitutionalization of child care systems.	Models contrasting components of professionally ideal system with those of metropolitan community's custodial oriented system developed. Principal method: participant observation.
7. McCathren, R. B. (CR-00111)	Investigate decision-making for and disposition of child abuse and neglect by social service and juvenile court systems. Design and draft administrative and legislative reforms to improve system.	Data collected via observation of juvenile court hearings and interviews with attorneys, judges, and social workers. Attitude surveys administered to direct line social workers and attorneys. Survey of children under state detention care.

TABLE 11 (Continued)

ANNOTATED LIST OF ONGOING RESEARCH STUDIES: SOCIAL INSTITUTIONAL FACTORS

Reference	Research Purpose	Methodology
8. Nagi, S. Z. (CR-00117)	Gain nationally representative analytical picture of reorganization of services and control mechanisms concerned with child abuse and neglect. Identify limitations and strengths in structure and performance of these programs. Prepare recommendations for improving identification and control.	Intensive interviews with professionals in agencies and programs serving a probability sample of U.S. population.
9. Pelton, L. H. (CR-00122)	Ascertain subjective realities of natural parents involved in child abuse and neglect cases, and their views of child welfare agency, caseworkers, and services.	Unstructured interviews. 50-100 parents. Interviewees screened from random sample of Non-Work Incentive cases.
10. Steen, J.; Marlsy, M. (CR-00144)	Policy study of a military community's response to problem of abuse and neglect.	Structured survey of military and civilian child advocacy personnel. Description and statute analysis.

V. PREVENTION AND TREATMENT

In the preceding section of this review, those research studies which identified factors that may contribute to or mitigate against abusive or neglectful behavior were considered. This section will review research on the prevention and treatment of child abuse and neglect. As the causes of abuse and neglect are many and complex, so are methods of prevention and treatment. Theoretically, for every cause there exists an effective means of alleviating the situation that caused the deviance; thus, the proposed theories of prevention and treatment are the logical outcome of the identification of these causative factors.

Prevention and treatment programs can be categorized as primary prevention, secondary prevention or intervention, and treatment. Since these categories represent a continuum of prevention and treatment efforts, and since some programs may well incorporate elements of each of these categories, it is often difficult to assign programs to one or the other of these categories. For purposes of this review, *primary prevention* will be defined as preventing abuse before it occurs and will include those efforts that are available to the population in general, such as education for parenthood programs, community hotlines, and family support services. *Secondary prevention* includes those efforts directed at high-risk populations which might abuse or neglect their children unless given help. *Treatment* includes those services targeted toward the known abuser or neglecter in an effort to ameliorate whatever was the cause of this behavior and to prevent its recurrence.

Of the substantive areas being considered in this review, none has produced a larger body of information than treatment. Public attention has been focused on the problem of child abuse and neglect by dramatic news accounts, and an increase in federal monies, particularly from the National Center on Child Abuse and Neglect, has given rise to numerous strategies for treating both abusers and the abused.

Initial efforts which sought punishment for the perpetrator gave way to treatment by means of traditional clinical treatment methods and social work practices. The child was considered a victim and received protective services (possibly was removed), medical care, and little else. Treatment success was measured in terms of recidivism rates.

Later programs recognized abuse and neglect as patterns of interaction involving both parent and child. These programs focused on the family unit. At the same time, it was generally accepted that no one treatment method was sufficient and that most abusive situations demanded a range of services, both to relieve the immediate crisis and to provide long-range help.

At present, numerous treatment models and strategies are being used throughout the country, including therapeutic intervention, the extended family center, foster care, behavior modification, family advocacy, and other support services.

Primary Prevention

None of the completed research studies currently contained in the NCCAN Clearinghouse data base has addressed issues of primary prevention as a primary research focus.

One ongoing study (CR-00132) is testing the hypothesis that health personnel might contribute to primary prevention by providing increased support for maternal attachment and maternal care. In this study pregnant women are interviewed in their ninth month and after delivery are assigned to one of two groups. One group receives routine hospital care, while the other receives early or extended contact with the infant in the hospital and frequent visits by paraprofessionals trained to facilitate attachment and bonding.

Secondary Prevention

Tables 12 and 13 present an annotated listing of four completed and six ongoing studies which focus on secondary prevention efforts. Of the completed research, one study examined secondary prevention structures in various

European countries; the other three reported on screening methods used to detect parents with potential problems in child rearing or to analyze known abusers to develop screening methods.

These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on prevention can be found under the heading "Review of Studies."

Methodology. Sample size of the completed studies ranged from 33 abusive parents to 500 mothers to the clientele of prevention programs throughout Europe. Two studies developed a predictive questionnaire while a third used a standardized test instrument.

Review of studies. Two studies reported that severe punishment in childhood was predictive of later abuse; other predictive items included problems of self-esteem, conflict with authority, and concern with isolation.

Ongoing research studies. Five of the six studies focus on secondary prevention and are developing predictive variables or screening profiles of high-risk families. The remaining study is evaluating the feasibility of using the extended family in solving the problem of child maltreatment.

Treatment

Tables 14 and 15 present an annotated listing of 31 completed and 12 ongoing research studies which focus on a wide variety of treatment interventions ranging from a

comprehensive, multidisciplinary approach to the use of drug therapy. These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The mode of intervention used in each study is described in as much detail as possible under the heading "Type of Treatment." The methodology of each study is described in as much detail as possible including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. Abbreviations for standardized psychological tests were used wherever possible; a key to these abbreviations can be found on page 64. In addition, all information provided by the abstracts on the outcome of treatment interventions can be found under the heading "Review of Studies."

Type of treatment. A wide range of treatment approaches is represented in the completed studies, most of which directed their efforts to changing parental behavior and/or attitudes. Three studies mentioned specific therapeutic activities targeted toward the child. Several studies dealt with the family unit offering both therapeutic and/or supportive services. One study evaluated the use of drug therapy.

Methodology. The completed studies used a variety of methods to try and assess effectiveness of treatment intervention, including questionnaires, intelligence and psychological testing, and comparison of program records.

Review of studies. Three studies reported on systematic evaluations of total program operation, including cost-effectiveness, realization of program goals, and administrative effectiveness, as well as treatment impact. The others concentrated on assessing effectiveness of treatment. In general, results are reported in terms of improvement in family functioning, self-image of parents and children, and children's IQ level. Only two studies reported recidivism rates as a measure of program impact.

Ongoing research studies. The effectiveness of various treatment modalities, such as psychiatric treatment for infants, volunteer lay therapists, and therapeutic playschool, is under study in 11 projects. Larger research efforts assess the impact of a number of demonstration projects.

TABLE 12.

ANNOTATED LIST OF STUDIES: SECONDARY PREVENTION

Reference	Methodology	Review of Studies
1. Council of Europe (CD-01496)	Examination of secondary prevention structures in Austria, Belgium, Denmark, Germany, France, Netherlands, Norway, Sweden, Great Britain	Individual preventive action methods described include family guidance and assistance agencies, child guidance centers, economic and housing assistance, and children's homes and youth camps; group efforts include social work in asylums for the homeless and youth clubs.
2. Helfer, R. E.; Schneider, C. (CD-00464, CD-00887, CD-01938)	500 mothers from various socio-economic levels Questionnaire screening for unusual rearing practices	100 thought to fall in high-risk category with low parenting skills. These mothers had higher than reasonable expectations for the child and more self-righteous attitude toward punishment; felt more unloved, criticized, and isolated; and had prevailing feeling of hopelessness, despair, and depression. Most heavily weighted item in prediction of abuse was response indicating violent punishment of the mother by her parents. Single best predictive cluster had to do with problems of self-esteem. At present questionnaire must be considered as a research tool or screening instrument; the number of false negatives or false positives to be expected has not yet been determined. Future uses of questionnaire may include gathering diagnostic data, identification of families at risk, and perhaps determining degree of success of treatment.
3. Paulson, M. J.; Alif, A. A.; Chaleff, A.; Liu, V. Y.; Thomason, M. L. (CD-01278)	15 males and 18 females as primary abusive parent Discriminant function analyses of MMPI Clinical interviews, medical history	Male abusers were more hedonistic, self-centered, suspicious, and in conflict with both parental and societal demands more often than normal males. Female abusers manifested counterculture behaviors bringing them into conflict with authority. They were also suspicious, distrustful, concerned over motives of their peer group, and fearful of hurting themselves and others.

TABLE 12 (Continued)

ANNOTATED LIST OF STUDIES: SECONDARY PREVENTION

Reference	Methodology	Review of Studies
4. Schneider, C.; Helfer, R. E.; Pollack, C. (CD-00818)	30 known abusers Companion group of 30 nonabusers matched on parent age, education, socioeconomic status, number of children, with a child of same age as the child who had been abused	Abusing parents reported significantly more severe physical punishment in their childhood, more anxiety about dealing with their children's problems, more concern about being alone and isolated, more concern with criticism, and higher expectations for performance of their children. 5 different personality types were found, 2 nonabusing and 3 abusing. Scores misidentified 2 false negatives and 6 false positives.

TABLE 13

ANNOTATED LIST OF ONGOING RESEARCH STUDIES: SECONDARY PREVENTION

Reference	Research Purpose	Methodology
1. Alger, M.; Uohara, B. (CR-00002)	Identify newborns and parents at high risk of abuse. Demonstrate feasibility of early intervention technique.	Screening mothers for psychosocial stress factors. Interviews conducted for mothers identified by first screen. Pre- and post-testing of mother-infant interaction will be conducted. Sample: 30 children and 30 family units.
2. Bermea, M.; Moreno, H. (CR-00009)	Test and evaluate feasibility of using extended family in solving problem of child abuse. Determine extent of abuse and neglect in migrant community.	Data compiled from general care profiles, extensive follow-up at home and at work.
3. Brotman, R.; Zarlin-Ackerman, J. (CR-00016)	Develop predictive variables for use in preventive counseling of young families.	Comprehensive screening, case reviews, 2-year developmental assessment of infants born into program, parental rating scales. 71 adults with natural comparison groups from intake representation.
4. Gundy, J. H.; Krell, H. (CR-00068)	Develop and validate risk identification for use in newborn and prenatal nursing clinics. Evaluate support group.	Members of support group will complete questionnaires before and after 6-month period. Scales for risk identification will be validated.
5. Helfer, R.E. (CR-00072)	Assess reliability and validity of Michigan Screening Profile of Parenting. Develop and refine new scoring techniques and instrumentation.	Concurrent validation measured by comparing other measures. Reliability studies performed utilizing a test/retest method. Data gathered by participating field study groups.
6. Stephenson, S. P. (CR-00143)	Evaluation of effects of various preventive mental health techniques on high-risk children and their families.	24 children and families. Randomly and secretly assigned to experimental or control groups. Initially evaluated medically, developmentally, and psychologically. Parental Attitude Research Inventory, Cattell Infant Test, Piaget Object Scale, Peabody Picture Vocabulary. Reassessment made 2-2½ years later.

TABLE 14

ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
1. Armstrong, K. L.; Cohn, A. H.; Collignon, F. C. (CD-01369)	Extended family center (EFC)	Evaluation components: - assessment of service impact - assessment of program goal realization - assessment of program costs - description of program operation	Evaluation findings included improvement in certain aspects of family functioning, such as self-image, awareness of child development, and ability to express anger; little difference in terms of recurrence between EFC and other treatment programs; difficulty on the part of families adjusting to termination of services because of dependence on center support; avoidance of stigmatizing clients. Gradual termination of treatment recommended.
2. Bates, T.; Elmer, E.; Delaney, J. (CD-01388)	Health-based, multidisciplinary program	Analysis of 9 multidisciplinary health-based programs selected for geographic, demographic, and methodologic diversity On-site visits, questionnaires	Found few regularly functioning, health-based, multidisciplinary treatment programs. No program knew how many other programs existed or where they were located. Most programs modeled after Helfer/Kempe description of multidisciplinary teams.
3. Beezley, P.; Martin, H. P.; Kempe, R. J. (CD-01395)	Psychotherapy, play therapy once or twice a week for 50 minutes	12 physically abused children aged 3.8-8 years Cognitive, speech-language, neurologic testing	Children who remained in therapy for a year displayed increased ability to trust adults, delay gratification, and verbalize feelings, as well as increased self-esteem and increased capacity for pleasure.
4. Behavior Associates (CD-01396)	Self-help	Evaluation components: - documentation of program goals - collection of descriptive information about personnel - analysis of processes in chapter functioning - measurement of program impact	Findings for first 2 years of Parents Anonymous project are reported.

TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
5. Berkeley Planning Associates (CD-01400)	Joint OCD-SRS National Demonstration in Child Abuse and Neglect Multidisciplinary	Evaluation components: - project goals - costs - case management - adult client characteristics - child client characteristics - community system characteristics	Projects whose goals were most successfully realized had ongoing agency as sponsor which was already a primary service provider and was well coordinated and administered. Factors contributing to comparative cost efficiency: - larger total expenditures - larger total staff - increased hours per staff - smaller proportion of expenditures for project activities - wider variety of services provided Key problems related to case management: - poor records - inconsistent supervision - lack of training - inadequate client participation Less than half of all adult clients had reduced potential for abuse or neglect at termination of therapy. Findings regarding children were also observed.
Burt, M. R. (CD-01442)	Comprehensive emergency services: - emergency intake - emergency caretaker - emergency homemaker - emergency foster homes	Comparison of program records for 1969-70 with those for 1973-74	Program objectives were met at a substantial reduction in cost.
Daniel, J. H.; Hyde, J. N., Jr. (CD-01147)	Two intervention models: Parent Education Programs - therapeutic teaching sessions for mothers for 12-14 weeks Family Advocacy Program - provide services to families while developing new modes of intervention for working with families	Descriptive, case-control study of families whose children exhibit the effects of pediatric social illness such as child abuse, accidents, ingestions, failure to thrive	Both programs showed promise after 2 years of experience.

TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
8. Ephross, P. H.; Weissman, L. A. (CD-00189, CD-01550, CD-01551, CD-01552)	Hospital-based multidisciplinary approach with pediatrician, social worker, nurse, psychiatrist, and community aide	Evaluation by: - administrative assessment including staff interviews and review of case files - interviews with 3 families - questionnaires	While a large proportion of the parents had treatment-resistant sociopathic personalities, the project still enjoyed a high successful treatment rate. The project team approach demonstrated effectiveness in dealing with all types of parents, including the emotionally disturbed.
9. Fanshel, D. (CD-01556)	Foster care	624 children in foster care 5-year longitudinal study of parental visiting patterns	Children who entered care due to own behavioral or emotional disorders received higher level of parental visits. 1 out of 3 children in the neglect or abuse category were visited by a parent. High parental visiting correlated well with discharge rates, particularly during earlier time periods of the study.
10. Galdston, R. (CD-00351, CD-00352)	Day care for abused children Directed group sessions for parents		Results obtained with 23 families and 42 children over 2 years are described in detail.
11. Hoffman, D. L.; Rommel, M. L. (CD-01206)	Crisis psychotherapy		A system of planned short-term therapy is described and evaluated.
12. Jones, B. M. (CD-00532)	Homemaker services in times of crisis	144 children in 29 families received services over a 1-year period	Findings: - separation averted in 142 cases - 2 children placed in foster homes had time to prepare for placement - generally improved pattern of family living - program vastly more economical than placement

TABLE 14 (Continued)
ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
3. Jones, M. A.; Neuman, R.; Shyne, A. W. (CD-01684)	Intensive family casework services, emphasizing increased casework counseling	1-year evaluation of 9 demonstration programs serving 549 cases involving 992 children ~ 42% of cases included emotional neglect ~ 23% of cases included physical neglect ~ 6% of cases included abuse ~ Compared with children in regular public program	Intensive family services were effective in averting or shortening placement, and this was accomplished with benefit to the children and at lower cost. Average child in experimental programs spent 24 fewer days in foster care. Fewer of the experimental group children spent any time in foster care--52% vs. 60% of children in regular programs. 6 months after end of project, 92% of experimental children still in own homes compared with 77% of regular program children.
4. Justice, R.; Justice, B. (CD-01691)	Transactional Analysis therapy	10 child-abusing couples	8 couples had children returned with no further reports of abuse. 1 couple dropped out of group and child not returned to them. 1 couple, still in group, given child on weekend basis.
5. Juvenile Protective Association (CD-00541)	Coordinated social, educational, and health services to families of neglected and abused children	35 families socially and economically impoverished	Details of services of home-maker programs, foster care, day care, preschool nursery care, and other traditional approaches are enumerated with cost estimates for each. Specific results obtained with each family are summarized, and some general conclusions regarding parents and children are drawn.
6. Lynch, M.A.; Ounsted, C. (CD-01748, CD-01750)	Inpatient unit for families of abused children; group, individual, and marital psychotherapy for parents	50 families, with 87 children ~ 23 children actually abused ~ 3 probable abuse ~ 24 at risk Variety of socioeconomic backgrounds and urban and rural areas	80% of families returned home with children. 12 children in 10 families need separation from family at admission or after short trial at home. No cases of proven reabuse. 2 children subsequently spent short periods in foster care. Many families requested assistance in times of crisis.

TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
17. Money, J.; Annecillo, C. (CD-01793)	Removal from home	16 patients with syndrome of dwarfism characterized by reversible hyposomatotropinism occurring with abuse and neglect Measurement of IQ before and after relocation of domicile	4 patients showed complete remission of symptoms of impaired growth and behavior and had IQ increases of 29 to 55. 8 had increases of 2 to 14; 1 showed no change. 3 who showed persistent symptoms, such as bedwetting, temper tantrums, hyperkinesis, and atypical food and fluid intake had decreases from 1 to 12. The longer the period of removal from home, the larger the increase in IQ.
18. Money, J.; Wolff, G. (CD-01795)	Removal from home	12 children with retarded statural growth associated with reversible somatotrophic deficiency (history of abnormal psychosocial behavior and motor retardation) Measurement of IQ before or on admission to hospital and after some period of removal from home	All improved after leaving the environment of growth retardation, and elevations of IQ by as much as 30-50 points observed. The more advanced the age of child before leaving the home, or while remaining in it, the later the onset of puberty. 1 case reported in detail.
9. Newberger, E. H.; Hagenbuch, J. J.; Ebeling, N. B.; Colligan, E. P.; Sheehan, J. S.; McVeigh, S. H. (CD-00727)	Hospital-based, multidisciplinary group for total management of child abuse cases	62 cases of abuse, 39 hospitalized	Average hospital stay was reduced from 29 to 19 days; average costs reduced from \$3,000 to \$2,500. Reinjury rate reduced from 10% to 2%.
10. Newberger, E. H.; McAnulty, E. H. (CD-00730)	Coordination and provision of hospital- and community-based treatment for physical and social problems of vulnerable children in multi-problem families	Review of 75 cases - 23 cases of abuse - 25 cases parent-child behavior problems - 9 cases multiple accidents - 8 cases failure to thrive	43% of cases referred by community-based agencies. 47% of cases referred for social or psychological therapy; improvement seen in 51% of these cases. Recent practical and theoretical advances in the management of such children are discussed.

TABLE 14 (Continued)
ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
21. Paget, N. W. (CD-00759)	24-hour emergency babysitting service	32 cases Case review	Review of 32 cases occurring over 11 months indicated overall success of the program. Parent reactions were sometimes hostile but never violent. Overall cost of program was \$2,000 a year.
22. Panel for Family Living (CD-01866)	Multidisciplinary approach Parent education	Evaluation components: - treatment outcomes - assessment of Panel's influence on community - assessment of efficacy of a behavioral approach in treating emotional neglect - evaluation of adequacy of the Common Language Assessment System as a model for diagnosing and treating emotional neglect	Since Panel intake procedures stressed concurrent multiple service, it was difficult to differentiate successful treatment modes. Common Language Assessment System proved effective in facilitating choice of therapeutic technique.
23. Sherman, E. A.; Phillips, M. H.; Haring, B. L.; Shyne, A. W. (CD-01284, CD-01307)	Services to children in their own homes	553 abused and neglected children Cases drawn from 1 voluntary and 3 public agencies Analysis of monthly service and outcome schedules kept by caseworkers; interviews Compared with placement families	In own-home cases, both parents more frequently present and financial situation better. Of 98 clients interviewed, 66% had positive perception of helpfulness or effectiveness of service. Congruence between parent's and worker's perceptions of need for service and kind of service needed. Areas of greatest positive change were those in which child care and training were center of concern and service effort.
24. Reich, J. W. (CD-01906)	Lay therapist as parent aide	8 abusing parents Control groups of: 7 abusing parents having regular social worker contacts only 144 nonabusing parents Questionnaires pre- and post-treatment	Data were reasonably consistent in showing an increasing movement toward a more positive approach in the interactions of parents with the aides. Effect that this might have on parent-child interactions could not be ascertained.

TABLE 14 (Continued)
ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
25. Rosenblatt, S.; Schaeffer, D.; Rosenthal, J. S. (CD-01919)	Drug therapy	11 women and 2 men suspected of physical abuse or complaining of difficulty in controlling extreme punitive impulses against their children Treated with 200 mg of diphenylhydantoin twice a day or an inert placebo for 8 weeks on a random, double-blind basis Weekly tests to assess changes of attitude toward children; level of depression, hostility, anxiety, and other variables (Q sorts developed from scales from NIMH Depression Study, MMPI, Taylor Manifest Anxiety Scales, and Parental Attitude Research Instrument)	Short-term mollification of anxiety, depression, and somatic symptoms effected in drug-treated group. Experimental and control groups showed improvements at end of 6 weeks; however no significant differences were discernible between the 2 groups due to uncontrollable confounding factors. No measurable changes attributable to drug action were found on behavioral parameters hypothetically relevant to child abusing parents.
26. Shames, M. (CD-00906)	Homemaker services	12 families which had been particularly resistant to case workers' efforts to improve household management and child care	All 12 showed marked improvement in most areas and gains made held up after homemaker left. Resulted in realignment of family relationships. Homemaker's own skills less important than her intuitive ability to give mothers acceptance, respect, and understanding. Professional supervision of homemaker was important.
27. Silver, L. B.; Dublin, C. C.; Lourie, R. S. (CD-00926)	Own home services vs. foster care	Retrospective study of 34 cases of abuse	Children are better cared for in their own homes if agency intervention is effective in preventing further abuse or improving the quality of home atmosphere.
28. Steele, B. F.; Pollock, C. B. (CD-00966)	Therapeutic treatment	60 families of abused children from all socioeconomic levels and with a variety of emotional disorders	Useful contact was established with all but a few families and significant improvement seen in over 75% of those treated. Found decrease in demands on and criticism of child, increased awareness of age-appropriate needs and behavior, and development of wide social relationships.

TABLE 14 (Continued)
ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
29. Stephenson, P. S. (CD-01316)	½-day enrichment program for very young high-risk children focusing on: 1) cognitive and effective stimulation 2) working to reduce any observable psychopathology Weekly home visits engaging both parents and siblings in therapeutic process	Multiproblem families with children 18-30 months of age. Control group	Preliminary findings indicate that very disadvantaged, deprived, and alienated families who are abusing or neglecting their children can be successfully worked with on a voluntary basis, using preschool teachers as primary therapists for both children and their families.
30. Tracy, J.; Ballard, C.; Clark, E. (CD-01022)	Behavior modification, intervention of lay family health worker drawn from the community	41 families - 11 with abused children - 30 at high risk	84% of families showed improvement in areas of "domestic concern," 9% rated the same or worse, 7% rated unknown.
31. Young, L. R. (CD-01706)	Integration of case work, education, and group work	125 neglectful, disorganized families - 77% receiving public assistance - 98.5% with annual income \$4,000 or less	Preliminary findings showed deterioration checked in 90% of families in the first year of program. Children showed considerable progress. In second year, 55-60% of families showed progress in at least one area of family functioning. Importance of family planning as requirement for future family stability stressed.

TABLE 15
ANNOTATED LIST OF ONGOING RESEARCH STUDIES: TREATMENT

Reference	Research Purpose	Methodology
1. Doty, E. F.; Houston, T. R. (CR-00041)	Formative evaluation of 12 demonstration centers established by the National Center on Child Abuse and Neglect.	Evaluation components include organizational bases and service modes, service volume, unit costs, identification of measures of impact upon coordination of services, abuse and neglect incidence, and recidivism.
2. Fraiberg, S. (CR-00054)	Develop psychiatric treatment methods for infants with moderate to severe developmental problems. Develop measures for assessing change in infants and parents before and after treatment.	Naturalistic observations from home visits recorded in narrative form, playroom visits, developmental (Bayley) testing supply study data.
3. Galdston, R.; Bean, S. L. (CR-00057)	Develop new techniques to improve services to young abused children and parents. Train personnel to pursue further studies into problems related to abuse. Study origins and fate of violence as force within the family.	Descriptive analysis. Data collected from worker's initial assessment, weekly progress charts, conferences, observations, and follow-up studies on terminated care. Sample population: 31 males, 21-34; 51 females, 19-37; 80 children, 3 months to 4.5 years.
4. Hammar, S. L. (CR-00069)	Assess increased participation, utilization, coordination, and effectiveness of service delivery. Demonstrate a model of prevention and treatment of abuse and neglect.	Monitoring agency records, interviewing agency personnel, analyzing joint agency conferences. Control groups of serviced and nonserved families.
5. Harrell, M. (CR-00070)	Evaluation to develop more effective guidelines concerning judicial disposition of abused infants.	Data collected and analyzed concerning experiences in making judgments and disposition and outcome of treatment for child and parents.
6. Knox, J. C.; Phillips, Y.; Eyman, N. (CR-00097)	Formative evaluation of regional demonstration program.	Descriptive data collection for formative evaluation using case records of caseworkers.
7. MacMurray, V. D.; Brummitt, J. R.; Cunningham, P. H. (CR-00105)	Evaluate intervention process, outcome effectiveness, and feasibility and practicality of services provided by volunteer lay therapists or family aides working with abusing parents.	50 abusing families to receive treatment by team and family aide, 50 abusing families in control group to receive treatment by team alone. Data will be examined to identify which independent and control variables account for decrease in probability of risk of abuse.
8. Miller, P. J. (CR-00113)	Formative evaluation of 8 innovative demonstration projects in treatment, prevention, and identification of child abuse and neglect.	Site visits on quarterly basis to determine qualitative data. Quantitative data collected about clientele, costs, and services.
9. Pascoe, D. J.; Glasser, M. (CR-00120)	Determine nature of sexual abuse in children and evaluate effectiveness of medical treatment program for sexual abuse.	Demographic and psychological data collected on victims. Documentation from case records and staff conferences.

TABLE 15 (Continued)
ANNOTATED LIST OF ONGOING RESEARCH STUDIES: TREATMENT

Reference	Research Purpose	Methodology
10. Paulson, M. J. (CR-00121)	Assess rehabilitative effectiveness of group therapy intervention for abusive parents.	Study group to receive traditional group psychotherapy. Matched sample to receive group psychotherapy plus child management training. Matched control group to receive traditional casework supervision. Incidence of abuse or recidivism within family, change in pre-post-therapy psychological test data assessed at end of 12 months of treatment.
11. Rodeheffer, M. A.; Mirandy, J. A.; Cone, S. (CR-00131)	Study development, personalities, and behavior of physically abused children. Assess effects of therapeutic playschool environment.	Developmental level of 20 children abused at age 2.5-4 years assessed. Subsequent development of sample in therapeutic playschool compared with matched sample in regular day care or in their own homes. Standardized measures of cognitive speech and language, and motor functioning. Further documentation through behavioral observations of teachers and children in classroom.

VI. EFFECTS/SEQUELAE

"Nothing stirs so great a sense of urgency that we move to do something about neglect and abuse as when we review what is known about its consequences."⁶ The obvious and primary consequences to the victims of abuse or neglect are many. Children suffer temporary or permanent bodily injury; children starve or go without education and clothing; infants are born addicted to heroin; adolescent girls become pregnant from incestuous unions; and approximately 2,000 children die each year, victims of child abuse or neglect. Other more subtle long-range effects include emotional, behavioral, and cognitive problems. There is some evidence that siblings of the abused or neglected individual suffer emotional and behavioral problems as well, even if they are not the targets of the abuse or neglect. There are some indications that abused children later become violent, behaving aggressively toward other members of society as juvenile delinquents, as murderers, or as abusive parents. Society feels the effect of abusive or neglectful behavior through the strain on the school system, the protective service system, the courts, and all such systems whose task it is to identify and treat those families. Finally, there are consequences for the parents themselves. Some may be prosecuted and go to jail. Others will find help through a good treatment program; but certainly few will be unaffected by the realization that they have harmed their child.

Any study that focused on the effect of abuse, neglect, or failure to thrive is included in this review. To date research efforts have focused almost entirely on the effects of abuse and neglect on the child. The effect of abusive and neglecting behavior on the perpetrator is not reviewed here because of the lack of any systematic examination of this issue. It is not known how often families move or how many parents suffer psychological problems requiring hospitalization or what the impact of the label "abuser" or "neglectful parent" has on an individual.

Tables 16 and 17 present an annotated listing of 42 completed and two ongoing research studies focusing on the effects/sequelae of child abuse and neglect. These studies are organized under four major headings—abuse, neglect, abuse and neglect, and failure to thrive—depending on the type of maltreatment. Reports of the effects of abuse constitute the largest category, accounting for 33 of the 42 studies. Four studies report effects of neglect; three report on the effects of abuse and neglect; and 2 on the effects of failure to thrive. The studies are listed alphabetically by author within each category and full citations are given in the bibliography beginning on page 64.

The methodology of each study is described in as much detail as possible, including sample size and characteristics; control or comparison group if mentioned; means of data collection, where known; and length of time between abuse and follow-up. A summary of study findings reported in the abstract is also presented in the table under the heading "Review of Studies."

Methodology. Most study samples were relatively small, the great majority being under 100. A few exceptions were notably large: one study looked at 774 abused children and compared them with 900 juvenile offenders; another evaluated 347 depressed hospitalized women with a comparison group of 198 normal women; another reviewed 1,500 child guidance clinic cases.

The study samples can be generally characterized as abused children seen in a hospital or psychiatric clinic setting. A few studies did examine other populations such as violent patient inmates or juvenile offenders.

⁶Polansky, N.A., Hally, C., and Polansky, N.F. *Profile of Neglect: A Survey of the State of Knowledge of Child Neglect*. Washington, D.C.: Community Services Administration, Social and Rehabilitation Services, DHEW, 1975, p. 27.

Review of case records and standardized tests were the major means of measurement though one study used home visits, another classroom observation, and a third a behavior questionnaire completed by teachers.

Length of time of follow-up was seldom reported in the abstract. Of the nine studies that did report this, six studied effects three to five years after the abusive incident, one eight years later, one six years later, and one six months later.

Summary of effects. The effects of abuse and/or neglect and failure to thrive reported here were generally delayed language development, mental retardation, and psychological and behavioral problems. Studies also reported on the

likelihood of reabuse or of death. One study reported that abused children committed fewer aggressive crimes than their siblings and more escapist crimes, while another noted that abused children exhibited less overt and fantasy aggressive behavior and were more somber and docile.

It was noted that the effects of abuse and neglect are often confounded by the effects of lower class membership and by the lack of knowledge of whether the "effect" in fact was present prior to the abusive incident.

Ongoing research studies. One study is evaluating the effects of separation of children from parents, and the other is evaluating the effects of an abusive environment on children.

TABLE 16
ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

Reference	Methodology	Review of Studies
1. Bach-y-Rita, G.; Veno, A. (CD-01372)	62 violent patient-inmates. Analysis of life histories and clinical variables.	Some of the habitually violent patients who were identified as self-destructive were subjected to violence or deprivation during childhood. Suggestion of strong correlation between neurological impairment and early injury or deprivation.
2. Blager, F. B.; Martin, H. P. (CD-01412)	23 abused children - 10 preschoolers subjected to abuse within preceding 6 months - 13 older children in psychotherapy seen several years after incident Speech and language assessments (Illinois Test of Psycholinguistic Ability)	Preschool group showed delayed speech and language development on all measured parameters. Older group more within normal limits but showed more scatter of abilities and disabilities than expected.
3. Bloom, L. A. (CD-01413)	17 children abused in early childhood Control groups: - 17 children suffering accidents and similar hospitalization at comparable age - 25 children with no history of accidents or abuse Assessment of communication skills	Abused children demonstrated significant expressive communication problems—high incidence of poor expressive language, poor conversational articulation, and stuttering.
4. Bolton, F. G., Jr.; Reich, J. W.; Gutierrez, S. E. (CD-01418)	774 abused children Comparison group of 900 reported juvenile offenders Comparison of reported crimes	Abused children had low frequency of aggressive crimes by comparison with siblings—reported for escapist crimes far more often than siblings.
5. British Medical Journal (CD-00124)	78 cases of abuse	Where the first child in a family was abused, 13:1 chance that a subsequent child would be abused.
6. Christiansen, J. L. (CD-01469, CD-01714)	138 abused school-age children referred to juvenile court Analysis of welfare case records and school records	Abused children found more frequently in special education classes, and classes for emotionally disturbed and educable mentally retarded. Number of abused children in state mental institutions significant. Academic achievement of majority of abused children below grade level. Many had behaviors indicative of psychological problems.
7. Ebbin, A. J.; Gollub, M. H.; Stein, A. M.; Wilson, M. G. (CD-00282)	50 parentally abused children representing 1% of admissions to Children's Division of County-University Medical Center. Most children less than 2 years old.	Many of the children showed growth retardation or anemia. Three died, 25 had been injured previously, and in 8 cases siblings had also been injured.

TABLE 16 (Continued)

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

Reference	Methodology	Review of Studies
8. Elmer, E. (CD-00293, CD-00296)	50 children hospitalized for multiple injuries - 17 under 3 months - 9 between 3 and 6 months	Of the 50 children under study, 7 died, 3 sustained new injuries, 2 were rehospitalized for treatment, 7 had serious physical defects, 4 were seriously mentally retarded.
9. Elmer, E.; Gregg, G. S. (CD-00295)	20 abused children with multiple bone injuries - 13 white - 7 black - Los SES Interviews and psychological testing	Of 11 children without medical abnormalities prior to abuse, 2 failed to thrive, 4 had IQ's below 80, 4 were emotionally disturbed, 3 displayed physical defects; more than half had speech problems. Of 9 children with previous abnormalities, 3 failed to thrive, 2 were obese, 6 were mentally retarded, 5 were emotionally disturbed, 4 displayed physical defects.
10. Elmer, E. (CD-01161)	Children hospitalized for injury. 3 study groups: abused, nonabused, unclassified.	Abused children had highest number of most severe problems, mentally and physically.
11. Elmer, E. (CD-01548, CD-01549)	17 lower class children abused as infants Comparison group of 17 children injured in accidents matched for age, race, sex, and socioeconomic status Comparison group of matched untraumatized group of nonabused children	Few group differences in health history and development, intellectual functioning, language, self-concept, impulsivity, and aggression. High incidence of problems in all groups. Effects of lower class membership on child development may be as powerful as abuse. Neglect revealed as significant factor related to intellectual retardation.
12. Fitch, M. J.; Cadol, R. V.; Goldson, E.; Wendell, T.; Swartz, D. (CD-01563)	Clinical assessment 8 years after children were studied in infancy 45 physically abused hospitalized children Comparison group of 18 nonabused failure to thrive children Control group of 19 children Review of hospital charts Bayley Scales of Infant Development, McCarthy Scales of Childrens Abilities Evaluation at time of admission and 6 months later	Significantly smaller proportion of abused children's mothers demonstrated a desire to breast feed. Developmental testing revealed a wide disparity between abused subjects and control group: abused children scored generally lower than control subjects in areas of cognitive development.
13. Fitti, R. M.; Gitt, A. (CD-01167)	28 abused children, aged 2-6, who had undergone psychotherapy Review of records	Characteristic disturbed behavior patterns, such as distrust and fear of adults, variability of behavior, disturbed interpersonal relationships, poor self-image, communication difficulties, and hyperkinetic activity, present in abused children.

TABLE 16 (Continued)

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

Reference	Methodology	Review of Studies
14. Green, A. H. (CD-00395)	70 school age schizophrenic children of whom 32.8% were abused Screening of case histories	Significant association between physical abuse and self-mutilation among boys though not among girls.
15. Green, A. H. (CD-01615)	59 abused children from low-income ghetto areas Control groups of 29 nonabused neglected children and 30 normal children Interviews with mother or maternal guardian	Significantly higher incidence of self-destructive behavior among abused children. Self-destructive activity often enhanced by ego deficits and impaired impulse control, and seemed to represent a learned pattern of behavior originating in early traumatic experiences with hostile primary objects.
16. Harris, M. J. (CD-00438)	Accidents under 2 years of age of whom 25% were abused	Likelihood of rebattering after first incident is 30%. Death rate among repeatedly abused children is 20% for an overall death rate of 10%.
17. Iowa Child Abuse Study (CD-01131)	74 abused children treated at hospitals for injuries Review of present social situations	6 children (8%) had died, 5 (7%) were in institutions, 6 (8%) were living with relatives, 9 (12%) had been adopted, and 12 (16%) were in foster care.
18. Jacobson, S.; Fasman, J.; DiMascio, A. (CD-00517)	347 depressed hospitalized women Comparison groups of 198 normal women not receiving psychiatric care, 114 primarily neurotic outpatient females	Negative child-rearing experiences such as abuse and punishment associated with later depression. Relationship between degree of depriving child-rearing experience and severity of adult illness suggested.
19. Johnson, B.; Morse, H. A. (CD-00525)	101 abused children Study undertaken 2-3 years after the abusive incident	During period of service, 79 children removed from homes; two thirds seriously injured; 3 died of injuries; 1 died of gross neglect.
20. Kempe, C. H.; Silverman, F. N.; Steele, B. F.; Droegemueller, W.; Silver, H. K. (CD-00560)	302 cases of abused children reported from hospitals Survey	33 children (11%) died and 85 (28%) suffered permanent brain injury.
21. Kent, J. T. (CD-01712)	Abused children placed out of natural home divided into 3 groups: nonaccidental trauma, gross neglect, nonabuse group receiving protective services because of high risk for abuse Evaluation at intake and after placement	Both abuse groups had higher incidence of problem behavior on intake. Both nonaccidental trauma and neglect children manifested greater developmental delays in language on follow-up than motor development and activities of daily living. Abusive environment tends to produce highly troubled children independent of low socioeconomic status.

TABLE 16 (Continued)

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

Reference	Methodology	Review of Studies
22. Koski, M. A.; Ingram, E. M. (CD-01718)	46 children, aged 2-30 months, with nonaccidental trauma 38 children with failure to thrive Group of normal controls Bayley Scales, Mental Development Index, Psychomotor Development Index	Physical abuse detrimental to neural functioning but not to motor functioning. Neglect detrimental to both neural and motor functioning. Effects on boys different from those on girls.
23. Laver, B.; Ten Broeck, E.; Grossman, M. (CD-00593)	130 abused children under 10 admitted to a hospital Control group of concurrent admissions Review of medical and social records	Many suffered from emotional, physical and medical neglect as well; 44% had been abused previously. 6 children (5%) died.
24. MacKeith, R. (CD-00639)	Children with cerebral palsy and mentally deficient children (United Kingdom)	Speculation on incomplete data suggests that nonaccidental injury and associated deprivation account for 90 new cases of cerebral palsy annually (6%), 150 (25%) new cases of severe mental handicap annually, and perhaps 3,000 new cases of children with disturbed personality. An alternative method yields 400 new children each year with chronic neurologic deficits.
25. Martin, H. P.; Beezley, P.; Conway, E. F.; Kempe, C. H. (CD-01762, CD-01767)	58 abused children 5 year follow-up study Findings reported at a mean 4.5 years after abuse	59% had some neurologic abnormality of which 31% handicapped everyday function of child; 5% were microcephalic; 31% had height or weight below third percentile. Hypothesis that mental retardation or brain damage stemming from immaturity elicits abuse from parents not supported. IQs of children with head trauma or residual neurologic deficit significantly lower. Environmental factors significantly related to IQ scores.
26. Martin, H. P. (CD-01760)	42 physically abused children Follow-up study	33% demonstrated failure to thrive at time of admission. Mental retardation twice as frequent when failure to thrive accompanied physical abuse.
27. O'Neill, J. A., Jr. (CD-00742)	110 abused children	7% died, 10% suffered permanent disability, 80% showed signs of repeated injury, 66% had more than one fresh injury when first seen. Psychological scars, neglect, and malnutrition all associated with abuse.
28. Peters, J. J. (CD-01878)	64 child victims of sexual assault, 2-12 years of age Home visits and psychiatric interviews	Improper handling or repressed sexual attack may cause serious psychological problems for victim as an adult.

TABLE 16 (Continued)
ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

Reference	Methodology	Review of Studies
29. Rolston, R. H. (CD-01298)	20 foster children who had suffered severe physical abuse or punishment, mean age 10.6 years 20 foster children without history of physical abuse TAT, behavioral rating scales	Abused children characterized by significantly overt and fantasy aggressive behavior, lower ratings on competitiveness, truancy, quarrelsomeness, destructiveness, and verbosity. Abused child significantly higher in scaling of somberness, docility, desire to placate, appetite, masturbation, and thumb-sucking.
30. Sendi, I. B.; Bloimgren, P. G. (CD-00900)	10 adolescents who had committed homicide 10 adolescents who had threatened or attempted homicide 10 hospitalized controls Evaluation of clinical, developmental, and environmental factors	Environmental factors such as parental brutality, seduction by parent or parental perversion, brutal rejection by father appeared important in reinforcing homicidal behavior.
31. Silver, L. B.; Dublin, C. C.; Lourie, R. S. (CD-00926)	34 cases of child abuse reported at a hospital Review of hospital records supplemented by police and social service agency records Family histories sometimes dating back 20 years	In 4 cases (12%) abusive parent was shown to have been abused as a child; in 7 cases (20%), abused children had already come to the attention of juvenile court within 4 years of abuse.
32. Smith, S. M.; Hanson, R. (CD-00946)	134 abused children mean age 18.5 months Control group of 53 children hospitalized for conditions not involving trauma	Half had serious injuries, 21 (15%) died, 65 (48%) had been abused more than once, 20 (15%) had permanent neurological sequelae, 10 (8%) had serious congenital defects. Twenty-three (15%) had been previously admitted to hospital with failure to thrive and overlap with physical neglect considerable. Mortality and morbidity high among siblings.
33. Zuckerman, K.; Ambuel, P.; Bandman, R. (CD-01084)	60 child abuse cases Review of cases	2 children (3%) died; one-third placed in other homes; reabuse occurred in 17% of those returned home.

TABLE 17

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF NEGLECT

Reference	Methodology	Review of Studies
1. Chase, H. P.; Martin, H. P. (CD-01461)	19 children diagnosed with undernutrition during first year of life Control group matched for socioeconomic status, birth date, weight, sex, and race Yale Revised Developmental Examination; Boston-Iowa Growth Grids; Denver Developmental Screening Test; WAIS Vocabulary Test; Home Stimulation Inventory Scale	Undernourished group lower in height, weight, head circumference, and developmental quotient. Impairment of physical and mental development correlated with duration of undernutrition during first year.
2. Jenkins, R. L.; Boyer, A. (CD-00521)	1500 child guidance clinic cases	Mothers with characteristics of inadequate mothering most likely to have children with behavior problems. Correlations not as strong for inadequate fathering.
3. Richardson, S. A. (CD-01909)	Schoolboys in Jamaica 6-10 years old, some of whom had experienced an episode of severe malnutrition during first 2 years of life. IQ testing	Severe malnutrition in infancy occurring in a context of an overall history of good physical growth and a favorable social background had negligible effect on intellectual functioning. In a context of poor overall history of physical growth and unfavorable social background, later impairment of intellectual functioning can occur.
4. Schermerhorn, W. (CD-00883)	19 neglected boys Comparison group of 17 boys from caring families 1 hour of classroom observation by a social worker and psychologist Interviews using projective measures and direct questioning	Deprivation of nurturing care in young children makes them less capable of developing positive human relationships. Significant differences found in areas of affiliation, positive self-concept, negative adult perception, positive teacher and peer relationships and negative teacher and peer relationships.
5. Friedman, S. B.; Morse, C. W. (CD-01582)	15 suspected abuse children 7 gross neglect children aged 5-10 years seen in university emergency room Comparison group of 19 children representing accident cases Follow-up study 5 years later	Accident children had lower incidence of subsequent injuries; siblings had fewer injuries; relationship with mother judged better; and fewer emotional and social problems in the families.
6. Morse, C. W.; Sahler, O. J. Z.; Friedman, S. B. (CD-00695)	25 children from 23 families hospitalized for illnesses judged to be sequelae of abuse or gross neglect 3 years after hospitalization	One-third of children had again been suspected of being victims of physical abuse or neglect. 70% of children judged outside normal range in intellectual, emotional, social, and motor development.

TABLE 17 (Continued)

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF NEGLECT

Reference	Methodology	Review of Studies
7. Sandgrund, A.; Gaines, R. W.; Green, A. H. (CD-00875, CD-01194)	60 abused children 30 neglected children Control group of 30 normal children All from families receiving public assistance, all from inner-city All between the ages of 3 and 5 WISC for children, Wechsler Preschool and Primary Scale of Intelligence, 13 scales	Abused and neglected found considerably impaired in ego pathology, normality and cognitive intactness. Abused and neglected had significantly lower IQs; no significant difference between abused and neglected children.
8. Glaser, H. H.; Heagarty, M. C.; Bullard, D. M.; Pivchik, E. C. (CD-00150, also reported in CD-00379)	41 children admitted to hospital for failure to thrive, average age 12.5 months Review of hospital case records Follow-up on an average 3.5 years later	More than half showed evidence either of continued growth failure, emotional disorder, mental retardation, or some combination of these. A number showed variety of detrimental social and psychological conditions, one of the most common being parental neglect. Approximately normal distribution of IQ scores; however 6 children were retarded.
9. Hufton, I. W.; Oates, R. K. (CD-01656)	21 children diagnosed as having nonorganic failure to thrive Behavior questionnaire completed by teachers WISC Review at an average of 6 years 4 months after initial presentation at hospital	One-half had abnormal personalities; two-thirds had delayed reading age; one-third had verbal scores significantly lower than performance scores. 3 had suffered abuse and 2 of these had died.

TABLE 18

ANNOTATED LIST OF ONGOING RESEARCH STUDIES: EFFECTS/SEQUELAE

Reference	Research Purpose	Methodology
1. Leiderman, P. H.; Hastorf, A. (CR-00101)	Evaluate effects of separation of children from parents. Primary attention given to age factors.	Compilation of cases followed by psychological assessment of children and families using experimental questionnaire-derived and naturalistic techniques. 120 males and 120 females from 1 to 10 years old included. Comparison groups used.
2. Martin, H. P. (CR-00108)	Determine effects of abusive environment on children.	Neurological exams and IQ tests in conjunction with personality assessment.

APPENDIX

Abbreviations of Standardized Tests

Cattell's 16 PF – 16 Personality Factor Questionnaire
CLLS – Polansky Childhood Level of Living Scale
CPI – California Psychological Inventory
FIRO-B – Fundamental Interpersonal Relations Orientation
MMPI – Minnesota Multiphasic Personality Inventory
Rotter's I-E Scale – Rotter's Scale of Internality-Externality
TAT – Thematic Apperception Test
WAIS – Wechsler Adult Intelligence Scale
WISC – Wechsler Intelligence Scale for Children

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Arizona State Univ., Tempe. Dept. of Psychology.

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ONGOING RESEARCH STUDIES

CR-00002

Family Service Center, Honolulu, Hawaii.
2319 Rose St.
Honolulu, HI 96819

Hana Like Home Visitor Project.

Alger, M.; Uohara, B.

May 75-Jun 78

Office of Child Development (DHEW), Washington, D.C.

CR-00003

Vanderbilt Univ., Nashville, Tenn. Dept. of Pediatrics.

21st Ave. South and Garland St.

Nashville, TN 37232

Causal Factors in Neglect and Battering: A Prospective Study.

Altmeier, W. A., III; O'Connor, S.

Jun 75-Dec 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00008

National Council for Black Child Development, Inc., Washington, D.C.

1411 K St. N.W. Suite 500

Washington, D.C. 20005

An Exploratory Investigation of Potential Societal and Intra-familial Factors Contributing to Child Abuse and Neglect.

Bentley, R. J.

Jun 75-continuing

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00009

Texas Migrant Council, Laredo.

P. O. Box 917

Laredo, TX 78040

Migrant Child Abuse and Neglect Prevention Project.

Bermea, M.; Moreno, H.

Jul 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00010

California State Dept. of Youth Authority, Sacramento.

Research Div.

1829 16th St.

Sacramento, CA 95814

Analysis of Child Abuse Reported to a Law Enforcement Agency.

Bohnstedt, M.

May 77-continuing.

CR-00016

New York Medical Coll., N.Y. Center for Comprehensive Health Practice.

5 E. 102nd St.

New York, NY 10029

Family Care Program

Brotman, R.; Zarin-Ackerman, J.

Feb 75-Feb 78

New York Medical Coll., N.Y.; National Inst. of Drug Abuse (DHEW), Rockville, Md.

CR-00021

Pennsylvania State Univ., University Park. Inst. for the Study of Human Development.

University Park, PA 16801

Social Interaction Patterns Relating to Child Abuse and Neglect.

Burgess, R. L.

Jun 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00027

Mexican American Neighborhood Civic Organization (MANCO), San Antonio, Tex.

118 Broadway Rm 327

San Antonio, TX 78205

San Antonio Child Abuse and Neglect Research Project.

Chapa, D.; Luebbert, G.

Jul 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00032

National Urban League, New York, N.Y.

500 East 62 St.

New York, NY 10021

Project Thrive: Enhancing the Black Family and Protecting the Children.

Curry, D.

Jun 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00039

Texas State Dept. of Public Welfare, Austin.

3000 S. Interregional Hwy.

Austin, TX 78702

Child Abuse and Neglect Resources Demonstration (CANRED) Project.

Dinges, J. B.

Jan 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00041

White (E. H.) and Co., San Francisco, Calif.
347 Clement St.
San Francisco, CA 94118

**Development and Conduct of a System of Evaluation for
Demonstration Centers in Child Abuse and Neglect.**

Doty, E. F.; Houston, T. R.

Dec 74-Jun 78

National Center on Child Abuse and Neglect (DHEW),
Washington, D.C.

CR-00046

Minnesota Univ., Minneapolis. School of Psychology
Training Program.

N 548 Elliott Hall

Minneapolis, MN 55455

A Prospective Study of the Antecedents of Child Abuse.

Egeland, B.; Deinard, A.

May 75-Jul 78

National Center on Child Abuse and Neglect (DHEW),
Washington, D.C.

CR-00053

Children's Hospital of Buffalo, N.Y. Dept. of Medical
Photography.

219 Bryant St.

Buffalo, NY 14222

Photography of Suspected Child Abuse and Maltreatment.

Ford, R. J.; Smisfek, B. S.

Oct 74-continuing

Children's Hospital of Buffalo, N.Y.

CR-00054

Child Development Project, Ann Arbor, Mich.

201 E. Catherine St.

Ann Arbor, MI 48104

An Infant Mental Health Program.

Fraiberg, S.

Sep 72-May 78

National Inst. of Mental Health (DHEW), Rockville, Md.

Michigan State Dept. of Mental Health, Ann Arbor,

Mich.; The Grant Foundation, New York, N.Y.

CR-00056

Northern Iowa Univ., Cedar Falls. Dept. of Psychology.

Wisconsin Univ., Madison. Dept. of Psychology.

Cedar Falls, IA 50613

Possible Contributions of Children to Their Own Abuse.

Frodi, A.; Lamb, M.

Sep 76-continuing

Wisconsin Univ., Madison. Graduate School Research
Committee. National Inst. of Child Health and Human
Development (DHEW), Bethesda, Md.

CR-00057

Children's Mission, Inc., Boston, Mass. Parents' and Chil-
dren's Services.

329 Lombard Ave.

Boston, MA 02115

**Parents' Center Project for the Study and Prevention of
Child Abuse.**

Galdston, R.; Bean, S. L.

Sep 68-continuing

Children's Mission, Inc., Boston, Mass.; Grant Founda-
tion, New York, N.Y.

CR-00058

Boys Town-Center for the Study of Youth Development,
Omaha, Neb.

11414 W. Center Rd.

Omaha, NE 68144

The Human Ecology of Child Maltreatment.

Garbarino, J.

Sep 76-Jun 78

CR-00059

Rutgers, The State Univ., New Brunswick, N. J. Graduate
School of Social Work.

New Brunswick, NJ 08901

**Factors Relating to Levels of Child Care Among Families
Receiving Public Assistance in New Jersey.**

Geismar, L.; Horowitz, B.; Wolock, I.

Jun 75-continuing

National Center on Child Abuse and Neglect (DHEW),
Washington, D.C.

CR-00060

Rhode Island Univ., Kingston. Dept. of Sociology.

Kingston, RI 02881

The Social Construction of Child Abuse.

Gelles, R. J.

Apr 74-continuing

National Center on Child Abuse and Neglect (DHEW),
Washington, D.C.

CR-00068

Dartmouth Coll., Hanover, N.H. Dept. of Maternal and
Child Health.

Hanover, NH 03755

Children At Risk Program.

Gundy, J. H.; Krell, H.

Jan 76-continuing

Spaulding Potter Charitable Inst., Concord, N.H.; Richard
King Mellon Foundation, Pittsburgh, Pa.

CR-00069

Kaūikeolani Children's Hospital, Honolulu, Hawaii.

226 Kuakini St.

Honolulu, HI 96817

Hawaii Child Abuse Demonstration Project-Hawaii Family Stress Center.

Hammar, S. L.

Jan 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00070

Parental Stress Center, Pittsburgh, Pa.

918 S. Negley Ave.

Pittsburgh, PA 15232

Parental Stress Center.

Harrell, M.

Feb 74-79

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.; Governor's Justice Commission, Pittsburgh, Pa.

CR-00072

Michigan State Univ., East Lansing. Dept. of Human Development.

B240 Life Sciences Building

East Lansing, MI 48824

Service Project to Determine the Reliability and Validity of the Child-rearing Questionnaire.

Helfer, R.

Jun 75-May 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00088

Education Commission of the States, Denver, Colo. Dept. of Elementary and Secondary Services.

1860 Lincoln St.

Denver, CO 80203

The Educational System's Role in Child Abuse and Neglect.

Jones, C. D.; Fox, P.

Jan 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00090

Wisconsin Univ., Madison. Dept. of Social Work.

425 Henry Mall

Madison, WI 53700

The Child's Contribution to Child Abuse.

Kadushin, A.; Berkowitz, L.

Jun 76-Jun 78

National Inst. of Mental Health (DHEW), Rockville, Md.

CR-00092

Rainbow Babies and Children's Hospital, Cleveland, Ohio.

2040 Adelbert Rd.

Cleveland, OH 44106

Mother to Infant Attachment.

Kennell, J. H.

Jul 74-continuing

Maternal and Child Health Service (DHEW), Rockville, Md.

CR-00094

Children's Hospital, Los Angeles, Calif. Div. of Psychiatry.

P.O. Box 54700 Terminal Annex

Los Angeles, CA 90054

Behavior, Parenting, and Outcome of High-Risk Infants.

Kent, J.

Oct 74-continuing

Bureau of Community Health Services (DHEW), Washington, D.C.

CR-00097

Child Abuse and Neglect Demonstration Organization (CAN-DO), Belton, Tex.

P. O. Box 729

Belton, TX 76513

Central Texas Council of Governments Child Abuse and Neglect Demonstration Organization.

Knox, J. C.; Phillips, Y.; Eyman, N.

Dec. 74-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00101

Stanford Univ., Calif. Boys Town Center.

Stanford, CA 94305

Psychological Sequelae of Foster Home and Parental Placement of Abused and Neglected Children.

Leiderman, P. H.; Hastorf, A.

Sept 75-Aug 79

Stanford Univ., Calif.

CR-00102

Educational Testing Service, Princeton, N.J.

Rosedale Rd.

Princeton, NJ 08540

The Effect of Birth Order on Mother-Child Relationship.

Lewis, M.

Jul 75-continuing

National Inst. of Child Health and Human Development (DHEW), Bethesda, Md.

CR-00104

Center for Studies of Child and Family Mental Health,
Rockville, Md. Mental Health Study Center, Rockville,
Md.

5600 Fishers Ln.

Rockville, MD 20853

Studies of the Abused and Neglected Adolescent.

Lourie, I. S.

Sep 75-continuing

National Inst. of Mental Health (DHEW), Rockville, Md.

CR-00105

Calgary Univ. (Alberta), Div. of Community Health Science.

1611 29 St. N.W.

Calgary, Alberta, Canada T2N4J8

A Family Aide Project for Parents With a High Risk of Child Abuse.

MacMurray, V. D.; Brummitt, J. R.; Cunningham, P. H.

Aug 76-Aug 79

Department of National Health and Welfare, Ottawa (Ontario).

CR-00107

National Inst. of Mental Health (DHEW), Adelphi, Md.
Mental Health Study Center.

2340 E. University Blvd.

Adelphi, MD 20783

Participant Observation of the Reorganization of a System of Care for Abused and Neglected Children: A Study in Child Advocacy.

Maney, A. C.; Gaughan, M.

75-continuing.

CR-00108

JFK Child Development Center, Denver, Colo.

4200 E. 9th

Denver, CO 80220

Follow-up Studies of Abused Children.

Martin, H. P.

71-continuing

Bureau of Community Health Services (DHEW), Bethesda, Md.

CR-00109

Washington Center for Addiction, Boston, Mass.

41 Morton St.

Boston, MA 02130

An Investigation of the Relationship Between Substance Abuse and Child Abuse and Neglect.

Mayer, J.; Black, R.

Jun 75-continuing

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00111

Texas Univ., Austin, School of Law.

2500 River

Austin, TX 78705

Regional Resource Center on Child Abuse and Neglect.

McCall, R. E.

Regional Resource Center on Child Abuse and Neglect (DHEW).

Washington, D.C.

CR-00113

CPA, Federal Bldg., Washington, D.C.

2030 M St. N.W.

Washington, DC 20036

A Process Evaluation for Innovative Demonstration Projects.

Miller, J. S.

Aug 75-Mar 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00115

Johns Hopkins Medical Institutions, Baltimore, Md. Psychohormonal Research Unit.

601 N. Broadway

Baltimore, MD 21205

Reversible Hypsomatotropicism (Psychosocial Dwarfism): Behavioral Data in Cases and Their Families.

Money, J.; Werlwas, J.

Sep 74-continuing

Public Health Service (DHEW), Washington, D.C.

CR-00117

Ohio State Univ., Columbus, Mershon Center.

1250 Chambers Rd.

Columbus, OH 43212

Structure and Performance of Programs of Child Abuse and Neglect.

Nagi, S. Z.

Jul 74-continuing

Office of Child Development (DHEW), Washington, D.C.

CR-00120

San Francisco General Hospital, Calif. Dept. of Pediatrics.

1001 Potrero

San Francisco, CA 94110

Sexual Abuse of Children.

Pascoe, D. J.; Glasser, M.

Mar 77-Mar 78

San Francisco General Hospital, Calif.; San Francisco City Dept. of Health, Calif.; Queen's Bench Foundation, San Francisco, Calif.

CR-00121

California Univ., Los Angeles. Neuro-psychiatric Inst.
760 Westwood Plaza
Los Angeles, CA 90024
University of California at Los Angeles (UCLA) Child Trauma Intervention Project.
Paulson, M. J.
Jan 70-Jun 80
Health Resources Administration (DHEW), Bethesda, Md.

CR-00122

New Jersey State Div. of Youth and Family Services,
Trenton. Bureau of Research, Planning, and Program Development.
1 S. Montgomery St.
Trenton, NJ 08625
Parent Interview Study of Child Abuse and Neglect Cases.
Pelton, L. H.
Sep 75-continuing.
New Jersey State Div. of Youth and Family Services,
Trenton.

CR-00131

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.
1001 Jasmine St.
Denver, CO 80220

Circle House Therapeutic Playschool for Abused Children.
Rodeheffer, M. A.; Mirandy, J. A.; Cone, S.
Dec 74-Dec 78

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.; Commonwealth Fund,
New York, N.Y.

CR-00132

North Carolina Univ., Chapel Hill. Dept. of Maternal and Child Health.
Chapel Hill, NC 27514

Hospital and Home Support for Maternal Attachment.
Saunders, M.; Schaefer, E. S.; Bauman, K. E.; Siegel, E.; Ingram, D. D.
Jun 75-May 78

National Inst. of Child Health and Human Development (DHEW), Bethesda, Md.

CR-00142

Maryland Univ., Baltimore County. Dept. of Psychology.
Baltimore, MD 21228
Child Abuse: A Controlled Study of Social, Familial, Individual, and Interactional Factors.
Starr, R. H., Jr.
Jun 75-Mar 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00143

British Columbia Univ., Vancouver. Div. of Child Psychiatry.

Vancouver, B.C. V6T 1W5, Canada

Project Toddler: Early Intervention With High-Risk Children and Their Families.

Stephenson, S. P.

Apr 72-78

Department of National Health and Welfare; Ottawa (Ontario).

CR-00144

Texas State Dept. of Public Welfare, Austin. Special Projects Bureau.

John H Reagan Bldg.

Austin, TX 78701

Project Care: Child Advocacy Resources Expansion.

Stern, J.; Marley, M.

Jul 75-78

Office of Child Development (DHEW); Washington, D.C.

CR-00145

New Hampshire Univ., Durham. Dept. of Sociology.
Durham, NH 03824

Physical Violence in American Families.

Straus, M. A.; Gelles, R. J.; Steinmetz, S. K.

Jul 75-Sep 78

National Inst. of Mental Health (DHEW), Bethesda, Md.

CR-00149

Oregon Univ., Portland. Rosenfeld Center for the Study and Treatment of Child Abuse.

3181 SW Sam Jackson Park Rd.

Portland, OR 97201

Fractured Femur Study.

Tufts, E.

Dec 75-continuing

CR-00150

Oregon Univ., Portland. Rosenfeld Center for the Study and Treatment of Child Abuse.

3181 SW Sam Jackson Park Rd.

Portland, OR 97201

Failure to Thrive.

Tufts, E.

Jun 75-Jun 80

CR-00155

New Mexico Univ., Albuquerque. Office of the Medical Investigator.

Albuquerque, NM 87131

Routine Mortality Case Finding, Statewide.

Weston, J. T.

Jul 73-continuing

New Mexico Univ., Albuquerque. School of Medicine.